.4446

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
LIBRARY
10 DEC 1965

NORFOLK COUNTY COUNCIL

Annual Report

of the

COUNTY MEDICAL OFFICER FOR 1964

NORFOLK COUNTY COUNCIL

Annual Report

of the

COUNTY MEDICAL OFFICER

FOR 1964

CONTENTS

	Page
PREFACE	4
PUBLIC HEALTH STAFF	7
STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY—	
Live Births	10
Still Births	11
Infantile Mortality	11
Maternal Mortality	11
Deaths	11
AREA ADMINISTRATION	12
CARE OF MOTHERS AND YOUNG CHILDREN—	
Maternity Accommodation	13
Unmarried Mothers	14
Care of Premature Infants	14
Ante-Natal and Post-Natal Arrangements	15
Mothercraft Classes	15
Infant Welfare Centres	15
Welfare Foods	16
Dental Treatment	16
Nurseries and Child Minders' Regulation Act, 1948	17
Family Planning	17
Phenylketonuria	17
Infant Methaemoglobinaemia	17
Ascertainment of Deafness and other Abnormalities in Young Children	18
NURSING STAFF	
Training and Refresher Courses	19
Houses for Midwives and Home Nurses	19
Transport	20
MIDWIFERY	
Supervision of Midwives	20
Deliveries attended by Domiciliary Midwives	21
Births	21
HEALTH VISITING	21
HOME NURSING	22
VACCINATION AND IMMUNISATION—	
Vaccination against Smallpox	23
Immunisation against Diphtheria	23
Immunisation against Whooping Cough	24
Immunisation against Tetanus	24
Vaccination against Poliomyelitis	24
AMBULANCE SERVICE—	
Ambulances	25
Car Service	26

	Page
PREVENTION OF ILLNESS, CARE AND AFTER-CARE—	
Tuberculosis	26
Health Education	28
Venereal Disease	30
Provision of Nursing Equipment	30
Recuperative Convalescence	31
The Marie Curie Memorial Foundation	31
Chiropody	31
HOME HELP SERVICE	31
MENTAL HEALTH—	
Introduction	34
Staff	34
Mental Illness	35
Subnormality	36
Residential Accommodation	39
Voluntary Bodies	39
Statistics	39
NATIONAL ASSISTANCE ACT, 1948—	
Welfare of the Blind	42
Welfare of the Partially Sighted	43
Welfare of the Deaf, Dumb and Hard of Hearing	43
Welfare of the Physically Handicapped—General Classes	44
INFECTIOUS AND OTHER DISEASES	44
ENVIRONMENTAL HYGIENE—	
Water Supplies and Sewerage	45
Milk and Dairies	47
Food Inspections	50
Ice Cream	50
Clean Milk Bottle Campaign	50
Refuse Disposal	50
Housing and Sanitary Complaints	51
New Housing	51
MISCELLANEOUS—	
Registration of Nursing Homes	52
Laboratory Examinations	52
Medical Examinations	53

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
LIBRARY
30 DEC 1965

PREFACE

1964 can fairly be considered to be a satisfactory year in Norfolk from the public health view-point judging from the statistics contained in this Report. Most of the major vital statistics show an improvement compared with last year's Norfolk, and this year's national, figures. The death rate, with more than half the deaths in persons aged 75 years or over, the infant mortality rate, the neo-natal mortality rate, the peri-natal mortality rate and the incidence of the more serious infectious diseases have all been lowered or have remained at a satisfactory low level.

It is interesting to note that our infant mortality rate, one of the most sensitive indicators of the standard of health of a community, is nearly 5 per 1,000 below the equivalent national rate which in turn is the lowest on record for England and Wales.

Continuing the trend of 1963, there was a further increase in the number of births, giving the highest birth rate since the post-war peak in 1948 and resulting in a still heavier burden falling on the maternity services, both institutional and domiciliary.

On the debit side, however, there was a slight increase in the early neo-natal death rate, i.e. the deaths of infants under one week per 1,000 total live births. This may be related in part to the problem of the premature infant. Statistics for the last 10 years indicate that there has been no decrease in the incidence of prematurity nor increase in the survival rate for 28 days, although there has been an improvement in what may be termed the "anticipation rate" of prematurity in that fewer prematures are now born at home and have subsequently to be transferred, with all the attendant risks of the journey, to hospital. There has also been an increase in the maternal mortality rate but here fortunately we are dealing with such very small numbers that an increase or decrease of one can markedly affect the rate.

The cancer death rate, too, shows an increase compared with previous years with lung and bronchial cancers accounting for 20% of all cancer deaths, the highest proportion ever recorded in Norfolk. The role of smoking as a causal factor is now too widely known to require further mention here.

There were several staff changes during the year. Dr. Guild, who had been Assistant County Medical Officer and District Medical Officer of Health in the Dereham area since 1949, retired in November, while Drs. Dunn and Holt left us to take up appointments in the U.S. and Lancashire respectively. Drs. Afnan, Bradfield and Hadman joined the staff as Assistant County Medical Officers and District Medical Officers of Health during 1964. Mr. Higham, Deputy Superintendent Welfare Officer, and Miss Wearmouth, Assistant Superintendent Nursing Officer based on the King's Lynn Local Health Office, left to take up senior appointments elsewhere, while Mrs. King, who had been our Home Help Organiser since the post was created in 1948, and her Assistant, Mrs. Shorten, both retired.

We were fortunate to secure the services of 4 additional dental officers. This was offset to a certain extent by the retirement of Mr. Packham who had been with us since 1940 and had stayed on well after retiring age because of the dental staff shortages. This situation has now been improved to a great extent and at the end of the year we had the full-time equivalent of 14.6 staff out of the approved establishment of 16.

The scheme for the chiropody treatment of the elderly and physically handicapped home-bound, introduced in 1962, proved so successful that an additional chiropodist had to be appointed in April, and it was evident at the end of the year that, even with two chiropodists covering the county for

these groups, the intervals between treatments remained at about 10 weeks. It is apparent that consideration will have to be given to increasing the staff still further in the fairly near future to meet the growing demands for this service.

We were all saddened by the sudden and unexpected death of Mr. Hugh Webb, the Assistant Sectional Clerk in the Health Services Section. Mr. Webb spent all his working life in the Department, apart from his war service in the R.A.F., and he will be greatly missed.

There have also been numerous changes in the administrative and clerical staff and it is not always easy to obtain suitable recruits. The continuing problem of attracting a sufficient number of nursing staff existed throughout the year and it is becoming increasingly difficult to maintain the present establishment by filling current vacancies let alone increase the establishment by recruiting additional staff. This situation exists against the background of a rising county population and birth rate, and on the basis of the present establishment we continued during the year with about 12 vacancies for all types of public health nurses at any one time.

Generally speaking, the year has been one of steady progress with the consolidation of existing services rather than the introduction of new ones. Much thought was given to certain aspects of the ambulance service such as training, standardisation of vehicles and control arrangements. A permanently-manned control was opened at the County Health Department to deal with the Norwich ambulance district and, at the request of the G.P.O., as a result of the extension of automatic exchanges, with 999 calls in the county area excluding Hunstanton. Arrangements continued for drivers to have training on the Police skid pan at Chelmsford and they were also encouraged to take the advanced driving tests. Consideration of the various types of ambulances available resulted in agreement in favour of the Bedford or similar commercial chassis and replacements will be standardised to this type of vehicle.

The Gillie Report on "The Field of Work of the Family Doctor" was considered by the Health Committee early in the year following a request from the Norfolk Local Medical Committee that the County Council should consider the attachment of public health nurses to general practices. It was decided that Thetford and Fakenham would make good pilot areas but final arrangements could not be made by the end of the year because of the shortage of nurses in these or adjoining areas. It was agreed to look into the matter further when the staffing difficulties are overcome.

There were no major developments in the mental health services during the year. Progress in building the new comprehensive training centre at King's Lynn has been slower than expected and the premises were not handed over until well into 1965. Experience suggests that difficulties in finding suitable sites and problems associated with the planning and erection of new premises will all tend to delay the capital works programme.

I regret that I am unable to report any improvement in the situation regarding the low-grade subnormals on the waiting list for permanent hospital accommodation. Hopes were raised when new villas were opened at Little Plumstead Hospital but due to staffing shortages much of this accommodation has remained unused and there seems little prospect of any improvement for the next few years.

The demand for the home help service continues to rise, mainly to cater for the elderly and the infirm. An emerging trend is the marked increase during the year of the number of cases requiring continuous assistance throughout the year. This has risen from 475 cases in 1963 to 703 cases in 1964.

The figures relating to the vaccination and immunisation schemes sponsored by the County Council as local health authority, show an improvement compared to the corresponding figures for 1963. This reflects great credit on all those concerned with the campaign, i.e. the family doctors and County Council medical and nursing staff. On their continuing efforts depend the success of these schemes and the immunity of the community. Information was received during the year that trials are being carried out on the protective value of a new measles vaccine but some time is likely to elapse before a suitable vaccine becomes generally available.

In December, the local health office at Wells-next-the-Sea was transferred to new premises at Fakenham which also included accommodation for clinic purposes and welfare activities.

In conclusion, I would like to express my thanks to members of the Health Committee for their continued support and to the voluntary bodies for their valuable assistance so willingly given in many different spheres of health and welfare. My thanks are also due to the loyalty and support of all members of the Public Health Department and for the co-operation of the Chief Officers and staffs of other County Council Departments.

A. G. SCOTT.

Public Health Department,
29, Thorpe Road,
Norwich, Norfolk, NOR 01 T.
(Tel.: Norwich 22288).
September, 1965.

PUBLIC HEALTH STAFF

County Medical Officer and Principal School Medical Officer:

A. G. SCOTT, M.B., Ch.B., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., D.P.H.

Senior Medical Officer:

A. N. HUNTER, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer:

M. W. BEAVER, M.B., B.S., D.P.H.

Assistant County Medical Officers and District Medical Officers of Health:

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L,O. (Teh.) (from 5.8.64)
J. A. D. BRADFIELD, M.B., B.Ch., B.A.O., D.P.H. (from 1.3.64)
A. A. G. CARSON, M.B., Ch.B., D.P.H.
A. S. DUNN, L.R.F.P.S., L.R.C.P., D.C.H., D.P.H. (to 7.5.64)
IRENE B. M. GREEN, M.D., B.S., D.P.H.
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H. (to 4.10.64)
D. F. HADMAN, M.B., B.S., D.P.H. (from 1.1.64)
P. G. HOLT, M.B., Ch.B., D.P.H. (to 29.2.64)
G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.
C. T. JONES, M.R.C.S., L.R.C.P., D.P.H.
J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officers:

Full-time

A. D. MACDONALD, M.D., Ch.B.

Part-time

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G. (from 24.11.64)
J. B. BENWELL, M.B., B.S., D.C.H.
SYBIL E. CATOR, M.B., Ch.B.
G. I. DAVIES, M.D., B.S., D.P.H. (from 9.3.64)
ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.
MOLLY GOVIER, M.B., Ch.B., D.C.H.
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.
ROSEMARIE D. LINCOLN, M.B., B.S.
R. N. C. McCURDY, M.B., Ch.B., D.P.H.
C. MARGARET McLEOD, M.B., Ch.B (to 31.12.64)
ZOE T. SLATTERY, M.B., B.S., D.C.H.

Chest Physicians:

(Joint appointments with East Anglian Regional Hospital Board)

A. H. C. COUCH, M.D., M.R.C.P., D.C.H.
G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

Chief Dental Officer :

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers :

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.)
A. W. LONGSTAFF, B.D.S. (Durham) (from 1.9.64)
J. W. McQUISTON, L.D.S. (Q.U. Belf.)
E. C. PACKHAM, L.D.S., R.C.S. (Eng.) (to 30.6.64)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers :

Full-time

P. A. BETTS, L.D.S. (Sheff.) (from 28.9.64)
EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.).
J. S. CLEMENTS, B.D.S. (B'ham.), L.D.S., R.C.S. (Eng.)
J. H. DE MIERRE, L.D.S., R.C.S. (Eng.)
J. GEMMELL, L.D.S., R.F.P.S. (Glas.)
A. HURLEY, B.D.S. (Durham) (from 7.12.64)
R. JENNINGS, B.D.S. (Durham) (from 27.1.64)
A. W. LONGSTAFF, B.D.S. (Durham) (to 31.8.64)
M. A. M. SHAW, B.D.S. (Lond.), L.D.S., R.C.S. (Eng.) (to 28.8.64)
N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds) (from 14.9.64)

Part-time

M. G. ANSON, L.D.S., R.C.S. (Eng.).
P. R. CHURCHYARD, B.D.S. (Lond.), L.D.S., R.C.S. (Eng.) (to 31.1.64)
H. E. HOVELL, L.D.S., R.C.S. (Eng.)
LILY T. MILNES, L.D.S., R.F.P.S. (Glas.) (to 31.3.64)
W. NICHOLLS, L.D.S., R.C.S. (Eng.).

Superintendent Nursing Officer and Non-Medical Supervisor of Midwives:

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.
MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N. (to 29.11.64)

County Public Health Engineer :

G. W. CURTIS, M.I.P.H.E., D.P.A.

Deputy Public Health Engineer :

F. S. CLAYTON, M.I.Mun.E., A.M.T.P.I.

Design Engineer :

D. W. MAYHEW, A.M.I.Mun.E., M.I.P.H.E.

Senior Assistant County Public Health Officer :

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

Superintendent Welfare Officer:

C. J. TAYLOR, M.B.E.

Deputy Superintendent Welfare Officer :

T. H. HIGHAM, B.E.M. (to 31.12.64)

Local Welfare Officers:

G. R. ARMSTRONG
A. BOOTHMAN
S. H. BOUGHEN
J. COWELL
S. J. DODMAN
C. J. GALLANT
V. C. HALL
D. R. INGHAM
V. K. C. KIRBY
T. A. MAYFIELD
W. J. PEACOCK
F. L. RAY
J. A. ROWE

Senior Home Teacher and Visitor for the Blind:

MISS H. G. BELLAMY

Home Teachers and Visitors for the Blind:

MRS. E. M. COOPER
MISS M. HAWKE (to 31.8.64)
MISS D. H. LETHAM
MRS. M. D. NEAVE
MRS. O. OAKLEY
MISS H. K. PAYNE
MRS. K. M. READ

Home Help Organiser:

MRS. E. A. KING, S.C.M., M.I.H.H.O. (to 30.5.64)
MRS. E. I. SEPPINGS (from 22.6.64)

Head Teachers—Junior Training Centres :

MISS T. BYLES
MISS S. J. GEE
MISS S. M. QUINSEE
MRS. N. SNUTCH

Mental Health Worker :

MRS. S. RAINBOW

Home Teachers for Mentally Handicapped :

MRS. F. M. CHURCHWARD
MISS J. C. CLAPSON
MISS B. I. CUMING

Chiropodists :

C. FLEMING, M.Ch.S.
G. E. PENNEY, M.Ch.S. (from 6.4.64)

Chief Administrative Assistant:

E. W. DURRANT

County Analyst :

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.

I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY

Acreage	1,302,501
Population—Estimated by Registrar-General (mid-1964) ...	400,490
Estimated Product of Penny Rate for General Purposes (1964/65)	£43,834
Rateable Value for General Purposes (1st April, 1964) ...	£10,901,093

Live Births

Number	6,804
Rate per 1,000 population	16.99

Illegitimate Live Births (per cent. of total live births) ...	5.29

Still Births

Number	109
Rate per 1,000 total live and still births	15.77

Total Live and Still Births	6,913
Infant Deaths (deaths under one year)	106

Infant Mortality Rates

Total infant deaths per 1,000 total live births	15.58
Legitimate infant deaths per 1,000 legitimate live births ...	15.21
Illegitimate infant deaths per 1,000 illegitimate live births ...	22.22

Neo-natal Mortality Rate (deaths under four weeks per 1000 total live births)	12.05
Early Neo-natal Mortality Rate (deaths under one week per 1000 total live births)	10.58
Perinatal Mortality Rate (still births and deaths under one week combined per 1,000 total live and still births) ...	26.18

Maternal Mortality (including abortion)

Number	3
Rate per 1,000 total live and still births	0.43

Live Births

6,804 live births were registered, giving a rate of 16.99, which was an increase of 0.64 on the previous year, and the highest rate since 1948. With the application of the comparability factor (1.05), the resultant figure is 17.84. The national rate was 18.4.

There were 360 illegitimate live births in 1964, comprising 5.29% of all live births. This shows an increase of 0.05% on the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

County district	Population 30.6.64	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			Deaths of infants under 1 wk. of age		
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total
MUNICIPAL BOROUGHS—																
King's Lynn	27,830	499	39	538	10	—	10	15	2	17	8	2	10	7	2	9
Thetford	7,380	168	11	179	4	1	5	2	—	2	2	—	2	2	—	2
	35,210	667	50	717	14	1	15	17	2	19	10	2	12	9	2	11
URBAN DISTRICTS—																
Cromer	4,860	62	7	69	1	1	2	—	—	—	—	—	—	—	—	—
Diss	3,880	60	6	66	—	—	—	—	—	—	—	—	—	—	—	—
Downham Market	3,000	46	2	48	1	—	1	—	—	—	—	—	—	—	—	—
East Dereham	7,490	112	6	118	—	—	—	2	—	2	1	—	1	1	—	1
Hunstanton	3,940	65	6	71	—	—	—	—	—	—	—	—	—	—	—	—
North Walsham	5,140	65	8	73	2	—	2	1	—	1	1	—	1	1	—	1
Sheringham	4,800	49	4	53	1	—	1	1	1	2	1	—	1	1	—	1
Swaffham	3,290	52	3	55	1	—	1	—	—	—	—	—	—	—	—	—
Wells-next-the-Sea	2,450	25	4	29	—	—	—	—	—	—	—	—	—	—	—	—
Wymondham	6,030	92	7	99	—	1	1	3	—	3	2	—	2	2	—	2
	44,880	628	53	681	6	2	8	7	1	8	5	—	5	5	—	5
RURAL DISTRICTS—																
Blofield and Flegg	36,540	504	20	524	7	2	9	3	—	3	3	—	3	3	—	3
Depwade	17,460	270	15	285	1	—	1	7	—	7	5	—	5	4	—	4
Docking	18,110	249	17	266	5	—	5	3	1	4	3	—	3	3	—	3
Downham	25,420	469	14	483	13	2	15	10	—	10	8	—	8	6	—	6
Erpingham	18,640	211	22	233	4	—	4	6	—	6	4	—	4	4	—	4
Forehoe and Henstead	28,550	486	26	512	6	—	6	9	1	10	6	1	7	5	1	6
Freebridge Lynn	12,510	264	14	278	6	—	6	5	2	7	5	2	7	3	2	5
Loddon	12,420	140	2	142	1	1	2	2	—	2	1	—	1	—	—	—
Marshland	17,410	276	14	290	2	—	2	4	—	4	3	—	3	3	—	3
Mitford and Launditch	17,610	240	17	257	3	—	3	5	—	5	3	—	3	2	—	2
St. Faith's and Aylsham	49,310	957	47	1004	14	1	15	9	1	10	9	1	10	8	1	9
Smallburgh	17,320	267	7	274	7	1	8	2	—	2	2	—	2	2	—	2
Swaffham	9,500	181	4	185	2	—	2	2	—	2	2	—	2	2	—	2
Walsingham	19,550	308	21	329	2	—	2	2	—	2	2	—	2	2	—	2
Wayland	20,050	327	17	344	6	—	6	5	—	5	5	—	5	5	—	5
	320,400	5149	257	5406	79	7	86	74	5	79	61	4	65	52	4	56
ADMINISTRATIVE COUNTY	400,490	6444	360	6804	99	10	109	98	8	106	76	6	82	66	6	72

Still Births

The still birth rate of 15.77 shows a decrease of 0.75 on the previous year and is lower than the national rate of 16.3.

Infantile Mortality

There were 106 deaths of children under the age of one year. The resultant rate of 15.58 shows a decrease of 0.75 on the previous year, and is considerably lower than the national figure of 20.0 which is the lowest on record for England and Wales.

82 deaths (77% of the total) occurred during the first four weeks of life and, of these, 72 took place during the first week.

Maternal Mortality

There were 3 maternal deaths.

Deaths

During 1964 there were 4,807 deaths and the death rate (12.00) per 1,000 of the estimated population was 0.91 lower than the previous year. The application of the comparability factor of 0.88 gives a rate of 10.56 which is lower than the England and Wales rate of 11.3.

52.4% of the deaths were of persons 75 years of age or over (see Table 2).

The cancer death rate per 1,000 of the population was 2.16 and the age distribution of deaths was as follows:—

	0–	1–	5–	15–	25–	35–	45–	55–	65–	75–	Total
Males	–	1	1	5	6	11	45	104	139	159	471
Females	–	1	–	–	3	20	41	91	105	133	394
	–	2	1	5	9	31	86	195	244	292	865

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths during the last decade:—

Year	Cancer death rate per 1,000 population	Lung and bronchus— % of all cancer deaths
1955	1.97	13.90
1956	1.88	17.62
1957	2.01	14.54
1958	1.84	16.71
1959	2.13	16.27
1960	2.04	17.37
1961	1.92	19.18
1962	2.03	18.66
1963	2.02	18.12
1964	2.16	20.69

There were 8 deaths from tuberculosis, 6 of which were due to respiratory forms of the disease.

The following table shows, as percentages of all deaths, the deaths in various age groups during the last 20 years:—

Year	Deaths by Age Groups									
	0—	1—	5—	15—	25—	35—	45—	55—	65—	75—
1945	6.1	1.2	1.3		6.5			18.7	66.2	
1946	5.1	0.9	0.8		6.3			17.5	69.4	
1947	5.9	0.5	0.8		5.4			17.4	69.9	
1948	4.9	1.0	0.7		6.2			18.3	68.9	
1949	3.9	0.8	0.6		5.1			16.7	72.9	
1950	3.6	0.7	0.7	1.1	4.0			17.3	24.5	48.1
1951	3.5	1.0	0.8	1.4	3.5			16.5	24.3	49.0
1952	3.8	0.4	0.6	1.1	3.5			17.2	24.7	48.7
1953	3.5	0.6	0.7	1.0	4.3			17.1	24.4	48.4
1954	2.7	0.5	0.7	1.6	2.9			16.4	25.9	49.1
1955	2.4	0.4	0.5	0.9	3.1			16.8	25.7	50.2
1956	2.3	0.4	0.5	1.2	2.8			16.6	25.6	50.6
1957	2.9	0.4	0.5	1.1	2.7			17.8	24.6	50.0
1958	2.5	0.3	0.6	1.2	2.4			17.2	24.8	51.0
1959	2.5	0.4	0.6	0.8	2.7			16.5	25.2	51.3
1960	2.2	0.4	0.5	1.1	2.7			17.9	24.0	51.2
1961	2.6	0.4	0.6	0.8	2.5			16.2	23.5	53.4
1962	1.9	0.2	0.6	1.0	2.3			18.0	24.2	51.8
1963	2.1	0.3	0.4	0.8	0.8	1.8	4.9	12.7	24.2	52.0
1964	2.2	0.2	0.5	1.0	0.8	1.9	4.5	13.0	23.5	52.4

II. AREA ADMINISTRATION

Much of the day-to-day administration of certain health services, viz. vaccination and immunisation, domestic help, the school health service, provision of national and proprietary welfare foods, maternity outfits and incontinence pads, is carried out by the local health offices serving the 9 local health areas. These offices also provide centres to which the local inhabitants can go for information and advice.

Local health offices were set up in 1948 when the National Health Service Act, 1946, came into operation. Purpose-built premises were out of the question at that time because of building restrictions and it was necessary to use premises practically all of which had not previously been used for office purposes and most of which had been private houses.

In 1951 the 3 separate offices serving Areas 1, 4 and 5 were brought together in purpose-built premises in Norwich but this was only a temporary building. In 1956 the local health office for Area 3, which had been accommodated in a wooden hut at the Dereham Isolation Hospital, was moved into new purpose-built premises.

In 1961 it was decided to build a new office at Fakenham to replace hired accommodation at Wells-next-the-Sea which served as the local health office for Area 8 (Hunstanton and Wells-next-the-Sea U.Ds., Docking and Walsingham R.Ds.). This was occupied in December. Clinic accommodation, which includes a dental suite, has also been provided in the new

DEATHS BY AREAS AND AGE GROUPS.

TABLE 2.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts																Total	Age at death										
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland			Under 4 weeks	4 weeks and under 1 year	1—	5—	15—	25—	35—	45—	55—	65—	75—
Tuberculosis, respiratory	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	2	6	—	—	—	—	—	—	1	—	4	—		
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	1	—	—	—		
Syphilitic disease	1	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	1	2	1	—	1	—	9	—	—	—	—	—	—	1	1	4	—		
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other infective and parasitic diseases ...	1	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	2	1	7	—	—	—	—	—	—	—	2	2	2		
Malignant neoplasm, stomach ...	13	1	—	—	1	3	1	—	—	2	1	—	12	2	5	8	6	10	6	—	3	4	13	2	4	2	2	105	—	—	—	—	—	—	—	6	19	32		
Malignant neoplasm, lung, bronchus ...	19	1	2	2	1	4	4	6	1	2	1	3	14	10	9	7	8	16	3	3	9	15	16	7	6	5	3	179	—	—	—	—	—	2	5	21	61	62		
Malignant neoplasm, breast	4	3	1	2	1	2	2	1	2	2	3	1	1	5	1	6	5	6	—	2	1	5	8	1	1	4	1	68	—	—	—	—	—	2	5	8	16	18		
Malignant neoplasm, uterus	1	1	—	1	—	—	1	—	1	1	1	1	4	2	4	2	1	3	1	2	1	3	3	2	—	3	2	40	—	—	—	—	—	—	8	5	6	11		
Other malignant and lymphatic neoplasms	37	8	9	6	9	13	10	5	8	8	8	4	45	17	19	23	19	32	18	16	14	16	57	20	7	29	19	473	—	—	2	1	5	5	13	46	93	121		
Leukæmia, aleukæmia	2	—	—	—	—	—	—	—	—	1	—	1	—	2	2	—	1	1	1	1	—	1	2	2	1	—	1	20	—	—	1	4	1	—	—	2	6	2		
Diabetes	4	—	—	—	3	1	1	2	—	1	—	—	6	1	3	2	2	3	2	2	3	2	6	—	2	5	2	53	—	—	—	—	—	—	—	4	15	9		
Vascular lesions of nervous system ...	31	16	11	7	3	12	12	15	17	14	16	5	62	39	28	20	52	44	18	20	25	36	70	31	11	22	37	676	—	—	—	—	1	—	6	6	70	178		
Coronary disease, angina	68	19	25	12	10	17	16	15	13	9	19	6	73	48	67	38	54	51	27	22	36	28	96	48	22	29	37	905	—	—	—	—	1	1	10	36	145	290		
Hypertension with heart disease	7	2	—	—	1	1	1	1	1	—	2	—	7	1	3	4	1	5	2	3	2	3	6	4	2	1	3	63	—	—	—	—	—	—	—	1	8	21		
Other heart disease	23	20	11	7	3	10	6	5	16	2	20	6	157	45	31	15	27	77	24	14	13	47	88	19	9	30	27	746	—	—	—	—	2	—	6	19	39	118		
Other circulatory disease	10	5	2	1	3	4	3	5	5	2	5	1	19	6	11	14	10	32	6	6	7	9	27	7	5	6	15	225	—	—	—	—	—	1	3	6	15	32		
Influenza	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1	—	2	1	—	—	1	1	10	—	—	—	—	—	—	1	—	1	1		
Pneumonia	30	1	15	4	4	4	4	8	5	6	1	3	29	16	20	16	25	33	13	7	9	19	16	7	7	15	9	327	4	12	3	3	2	1	5	6	21	51		
Bronchitis	15	2	7	3	2	4	3	2	4	2	2	1	18	8	4	8	9	8	3	5	13	9	17	6	6	3	7	171	—	—	—	—	1	—	—	9	29	41		
Other diseases of respiratory system ...	2	—	—	—	1	1	—	—	—	1	1	1	3	—	3	1	2	—	1	1	—	1	6	1	—	3	2	31	—	—	—	—	—	—	1	5	4	9		
Ulcer of stomach and duodenum	—	1	1	1	—	—	1	—	2	—	—	—	7	4	1	—	2	3	1	1	1	—	5	4	1	2	1	39	—	—	—	—	1	—	—	1	7	11		
Gastritis, enteritis and diarrhœa	3	—	—	—	—	—	1	—	1	—	—	1	1	—	—	1	—	1	1	—	1	—	3	—	—	1	1	16	—	1	1	—	—	—	—	2	2	4		
Nephritis and nephrosis	2	—	—	—	—	—	—	—	—	1	—	1	3	—	—	—	1	1	—	1	—	2	4	—	—	—	—	16	—	—	—	—	2	—	—	2	2	5		
Hyperplasia of prostate	2	—	1	—	1	1	1	1	1	—	—	—	3	1	1	2	3	4	1	—	—	1	2	4	—	1	1	32	—	—	—	—	—	—	—	—	2	8		
Pregnancy, childbirth, abortion	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	3	—	—	—	—	—	1	2	—	—	—		
Congenital malformations	2	—	—	—	—	—	—	—	—	—	—	—	2	—	1	2	2	2	2	—	3	3	9	1	—	1	3	34	18	5	2	3	1	1	1	1	1	1		
Other defined and ill-defined diseases ...	33	7	9	4	11	7	2	3	3	4	7	—	35	20	14	17	13	25	13	8	16	10	30	10	8	22	12	344	60	4	—	3	5	6	10	16	43	58		
Motor vehicle accidents	1	1	1	—	1	—	—	—	1	1	1	—	3	2	2	7	—	8	4	3	3	2	4	2	—	—	6	53	—	—	—	5	19	5	7	1	9	3		
All other accidents	13	1	—	6	1	4	1	1	1	3	1	—	8	4	3	9	3	8	5	6	1	5	9	3	1	7	3	107	—	2	1	6	5	6	3	7	9	15		
Suicide	5	1	1	1	—	—	—	—	2	1	1	—	6	2	2	2	2	1	1	1	2	4	3	2	—	3	1	46	—	—	—	—	4	8	4	6	11	9		
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1		
All causes	329	91	98	58	57	89	71	70	84	63	91	35	519	237	234	204	251	376	154	126	163	228	504	184	94	198	199	4807	82	24	10	25	50	39	90	217	626	1127		

building and facilities will be available for welfare activities for the blind, physically handicapped and mentally handicapped. So often local authority health services have to be provided in a variety of hired premises which are inadequate and unsuitable for present-day requirements. It is, therefore, very encouraging to be able to have the use of a modern, well-equipped purpose-built building.

The scope of the health services in Norfolk has expanded considerably during the last 10-12 years and premises which were adequate for the first few years of the National Health Service are now too small for both office and clinic use. This applies particularly to East Dereham, King's Lynn and Thetford, where accommodation is also provided for other County Council departments. The position at East Dereham was under active consideration at the end of the year and it is hoped that a decision on the question of new offices at King's Lynn, which will cater for all County Council departments with offices there, will not be too long delayed.

Rooms for clinic purposes have been included at most health offices but it is now considered desirable to duplicate these in King's Lynn and Thetford where a considerable increase in population is likely, mainly because of London overspill. Provision has been made for this and also for similar facilities at Diss, North Walsham and Wymondham in the Council's 10 year plan proposals for the development of the health services.

III. CARE OF MOTHERS AND YOUNG CHILDREN

Maternity Accommodation

52.2% of births to Norfolk mothers during 1964 were institutional as compared with 50.6% in 1963 and 35% ten years ago. The Council's midwives investigated the circumstances of 1,062 expectant mothers referred for hospital confinement on social grounds and 788 of these were recommended for admission.

The assessment of the home circumstances and the making of a recommendation as to the necessity or otherwise of a hospital confinement on social grounds remains a difficult task. There are a number of criteria which can be of general guidance but there remain many borderline cases where the indications are not so clear cut. Where the following circumstances obtain, a recommendation of "necessary" is made:—

(1) Grossly unsuitable home circumstances:

- (a) a caravan or similar dwelling
- (b) a home which can be said to be "unfit" in a statutory sense
- (c) a dirty home
- (d) a very overcrowded home
- (e) a home which does not have a room where the delivery can be conveniently or expeditiously carried out
- (f) a home with shared accommodation.

(2) A very isolated dwelling e.g. one without a metalled road.

(3) Absence of the husband at night e.g. shift workers, representatives away from home for several days.

(4) Lack of domestic help. Absence of a relative or no suitable home help available.

(5) Living in someone else's home or in rented furnished accommodation where the owner has indicated that he does not wish the confinement to take place there.

(6) Lack of someone suitable to help at the confinement.

A number of other circumstances are also taken into account. For example it is much easier for a family in the Registrar General's social class (I) to make arrangements for a home confinement than it is for a family in social class (V).

Unmarried Mothers

Moral welfare workers employed by the Norwich and Ely Diocesan Councils have continued to follow up unmarried mothers, annual grants being paid to these organisations in respect of these services.

In 1964 there were 360 illegitimate live births and 10 illegitimate still-births. Of this total of 370 mothers (assuming there were no multiple pregnancies) 201 were visited by the moral welfare workers. (This figure does not include visits by workers of other denominations). 33 mothers were admitted to mother and baby homes with some financial assistance by the County Council towards maintenance charges. Thus less than 10% of unmarried mothers required concrete help from this authority. It is reasonable to assume that the majority of unmarried mothers in this county are either in receipt of full National Insurance benefits or are helped and supported by the parents.

Care of Premature Infants

399 premature live births (23 more than in 1963) were notified as follows:—

Born in hospital	281
Born and entirely nursed at home or in a nursing home	101
Born at home or in a nursing home and transferred to hospital	17

345 of these infants survived 28 days. It is of interest to compare these figures with those of previous years. The following two tables illustrate the position:—

Year	Total Live Births	Premature Infants Born Alive	Premature Live Births as % of Total Live Births
1955 ...	5,575	327	5.8%
1956 ...	5,815	315	5.4%
1957 ...	5,905	332	5.6%
1958 ...	6,005	358	6.0%
1959 ...	5,997	344	5.7%
1960 ...	6,190	333	5.4%
1961 ...	6,362	353	5.6%
1962 ...	6,378	347	5.4%
1963 ...	6,491	376	5.8%
1964 ...	6,804	399	5.9%
		National Average 1963	6.6%

Year	Premature Infants Born Alive	Born in Hospital		Born at Home etc.		Survived 28 days	
1955 ...	327	194	59%	133	41%	288	88%
1956 ...	315	172	55%	143	45%	283	90%
1957 ...	332	169	51%	163	49%	272	82%
1958 ...	358	191	53%	167	47%	308	86%
1959 ...	344	188	55%	156	45%	302	88%
1960 ...	333	210	63%	123	37%	296	89%
1961 ...	353	217	61%	136	39%	308	87%
1962 ...	347	212	61%	135	39%	307	88%
1963 ...	376	239	64%	137	36%	329	88%
1964 ...	399	281	70%	118	30%	345	86%
National Average 1963							87%

A premature infant is here defined as one of birth weight of 5 lbs. 8 ozs. or less.

It can be seen that there has been no improvement either in incidence or mortality.

It is true that the percentage of premature infants delivered in hospital has risen but the proportion of total hospital confinements in Norfolk has also risen (by 18%) during the period covered by these tables. There is obviously some room for improvement here. It is preferable that all premature infants are born in hospital; not only are they more vulnerable in the post-natal period but birth is a greater ordeal for a premature infant than for a mature baby.

The national figures for 1963 show that there is a much higher mortality for those born at home and subsequently admitted to hospital than those born in hospital, 207 per 1,000 live premature births dying before 28 days in the first group, compared with 140 per 1,000 in the second group. These figures are mirrored by the Norfolk figures of 294 per 1,000 and 167 per 1,000 respectively for 1964.

62 premature still births (7 more than last year) were notified, 55 occurring in hospital and 7 at home or in a nursing home.

Three Queen Charlotte type oxygen tents are held at King's Lynn, Dereham and Norwich for use in domiciliary cases.

Ante-Natal and Post-Natal Arrangements

No ante-natal or post-natal clinics are provided by the Council.

Mothercraft Classes

Mothercraft classes were held at 39 centres and attendances numbered 10,156 (3,207 more than in 1963).

Infant Welfare Centres

Medical officers regularly attend centres where the attendance of children averages 25 or more per session, other centres being visited periodically.

3 centres were closed during 1964 because of small attendances and 6 new ones were opened. Sessions averaged 218 per month at 181 centres.

Numbers of children who attended were as follows:—

Born in 1964	4,855
Born in 1963	4,340
Born in 1959–62	4,622
	13,817
Total attendances ...	63,334

The numbers of children who attended were 1,926 more than in 1963, and total attendances increased by 4,584 but the 1963 figures were affected by the severe wintry conditions at the beginning of the year.

241 children were referred by infant welfare centre medical officers during the year for further investigation and treatment of conditions other than minor ailments.

655 children attended centres held at 7 R.A.F. Stations for Service families.

Welfare Foods

In accordance with the 1962 revision of the Council's scheme, the following preparations are normally available:—

Cow and Gate Full Cream
Ostermilk No. 2
Humanised Trufood
Adexolin
Virol

Supplies of S.M.A. milk food are also available to cases specially recommended by doctors or nurses.

All these preparations are sold at cost price plus a 10% handling charge.

National Welfare Foods are available at 21 infant welfare centres, 181 distribution points and also at local health offices. There has been a decline in demand as shown in the following figures of sales of these foods, although orange juice appears to be recovering to some extent from the effects of the 1961 price increases.

	National Dried Milk (tins)	Cod Liver Oil (bottles)	A & D Tablets (packets)	Orange Juice (bottles)
1960 ...	63,739	21,224	15,933	156,804
1961 ...	54,727	15,087	13,036	99,258
1962 ...	47,713	6,851	8,624	60,274
1963 ...	44,305	6,316	8,231	68,111
1964 ...	40,633	5,525	8,193	73,318

It is apparent that the majority of mothers prefer the proprietary brands rather than National Dried Milk. The amounts ordered in 1964 for distribution to local health offices were as follows:—

Cow and Gate	16,608 lb. packets
Ostermilk	81,960 lb. packets
Trufood	372 lb. tins
S.M.A.	888 lb. tins

Dental Treatment

The Chief Dental Officer reports:—

"The statistics show a general increase over the previous year in the numbers of maternity and child welfare patients examined and treated. There was a definite trend towards conservation treatment in both mothers and pre-school children.

The increase in the numbers of toddlers attending for dental inspection is a most welcome sign and is no doubt due to the local efforts of the dental staff and their medical and nursing colleagues in encouraging dental care. However, the numbers are still incredibly low for a county of Norfolk's size and continued efforts on the part of the Health Department staff will be needed to inculcate an awareness of the importance of good dental health."

(a) *Numbers provided with dental care*

Category	Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
Expectant and nursing mothers ...	68	56	33
Children under five ...	171	115	85

(b) *Forms of dental treatment provided*

Category	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns and inlays	Extractions	General anaesthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	41	139	—	2	204	10	16	18	2
Children under five	—	141	109	—	192	63	—	—	1

Nurseries and Child Minders' Regulation Act, 1948

Numbers of registrations at the end of the year were as follows, the 1963 figures being given in brackets:—

11 (13) premises registered providing facilities for 253 (267) children;

22 (19) daily minders caring for 186 (166) children.

During the year 7 registrations for premises were cancelled and 5 premises were registered. 10 persons cancelled their registrations and 13 new registrations were approved.

Family Planning

Clinics organised by the Family Planning Association at Norwich, King's Lynn, Great Yarmouth and Thetford are available to Norfolk residents requiring advice on family planning. Residents in the extreme south-west of the county are able to visit the clinic at Cambridge organised by the Cambridge Women's Welfare Association.

The County Council paid grants towards the expenses of the Norwich, King's Lynn and Thetford clinics.

Phenylketonuria

Health visitors have continued routine urine tests for infants at three and six weeks of age. As in the previous year, one case of phenylketonuria was detected and was referred to a consultant paediatrician.

Infant Methaemoglobinaemia

It is now fourteen years since the policy of examining water supplies from wells and bores used for infant feeding to determine their nitrate content was introduced. However, since the inception of the scheme, there has been

a steady reduction in the number of samples submitted each year due to the continued spread of mains water.

The bulk of the examinations were carried out in the office of the County Public Health Engineer and it was necessary to submit to the Public Analyst only those borderline specimens requiring a more detailed examination.

Where it was found that the existing supply was unsatisfactory for infant feeding, the parents were advised to use mains water or a nearby alternative supply which, after investigation, had been found to be satisfactory for their infant's needs. It was often necessary for these alternative supplies to be re-examined before they could be recommended.

No case of infant methaemoglobinaemia occurred during the year but among the unsatisfactory samples submitted was one from a deep well with the dangerous nitrate content of 196 parts per million.

The following table shows the work done:—

Initial samples submitted by District Nurses and Health Visitors	326
Examinations carried out in County Public Health Engineer's Office	351
Samples sent to Public Analyst for a more detailed examination	88
Samples classified as satisfactory	205
Samples classified as unsatisfactory	121

Ascertainment of Deafness and other Abnormalities in Young Children

Since October 1961, information covering nine categories at risk of developing deafness has been obtained by means of a questionnaire printed on the reverse of the notification of birth card. Infants included within one or more of these categories are followed up by health visitors trained in the testing of hearing in the young.

Last year a tenth question was added to the birth card questionnaire to cover congenital abnormalities and additional information was subsequently obtained for infants listed in this category as to the type and site of the abnormality.

Separate registers are kept of children at risk of deafness and of those with congenital abnormalities. There was a total of 2,208 on these registers at the end of the year.

41 members of the Council's health visiting staff have received instruction locally in the testing procedures from lecturers of the Department of Audiology and Education of the Deaf at Manchester University.

IV. NURSING STAFF

The staffing situation at the end of the year was as follows:—

Supervisory Staff	Whole-time	Part-time
Superintendent Nursing Officer	1	–
Deputy Superintendent Nursing Officer	1	–
Assistant Superintendent Nursing Officer	2	–
	4	–

	Whole-time	Part-time
Other Staff		
Midwifery only	17	2
Midwifery and home nursing	64	9
Midwifery, home nursing and health visiting ...	21	–
Midwifery, home nursing and school nursing ...	–	1
Midwifery, home nursing, health visiting and school nursing	22	–
Home nursing only	*19	3
Home nursing and health visiting	1	–
Home nursing, health visiting and school nursing ...	1	–
Health visiting and school nursing	30	–
School nursing only	2	–
Tuberculosis health visiting only	2	–
	179	15

* Includes 4 male nurses

The total number of whole-time staff was the same as at the end of 1963 but there were 3 more part-time staff. There were vacancies at the end of the year as follows:—

Assistant Superintendent Nursing Officer	1
Midwifery duties only	1
Midwifery and home nursing	6
Midwifery, home nursing and health visiting	3
Midwifery, home nursing, health visiting and school nursing	3
	14

Training and Refresher Courses

6 students commenced their health visitor training in 1964 with financial assistance from the County Council. Of the 5 students sponsored by the County Council whose training was completed during the year, 4 were still employed by the Council at the end of the year, 1 as a whole-time health visitor and the others on health visiting duties combined with midwifery and home nursing. Students are not required, however, to resume or take up employment with the Council on completion of training.

2 district nurse training courses, arranged by the Council under the auspices of the Queen's Institute of District Nursing, were attended by 16 nurses. 11 of these were already employed by the Council and 5 were employed by neighbouring authorities. 15 were successful in passing their examinations.

Refresher courses were attended by nursing staff as follows:—

For supervisors of midwives	1
For midwives	25
For health visitors	3
Family psychiatry	2

Houses for Midwives and Home Nurses

2 new houses built for the Council at Buxton and South Creake were completed during the year. Difficulty in obtaining suitable sites is frequently experienced and holds up the building of houses in some areas.

The housing situation at the end of the year, so far as whole-time permanent staff were concerned, was as follows:—

	No. of Houses	No. of Staff
Houses owned by the Council	57	61
Houses hired by the Council	24	25
Accommodation provided by staff ...	57	58

Of 11 other houses owned by the Council, 8 were unoccupied at the end of the year because of vacancies. 1 not needed by a midwife or home nurse was occupied by a whole-time health visitor and 2 others by dental officers.

17 of the houses owned or hired by the Council were furnished either in whole or part.

Transport

Members of the Council's staff are normally expected to provide cars for their official duties but, in the case of midwives and home nurses, the Council is prepared to do so where the individual prefers this arrangement. 44 County Council cars were being used by nursing staff at the end of the year.

V. MIDWIFERY

17 whole-time and 2 part-time staff were employed exclusively on midwifery duties at the end of the year, together with 117 midwives (10 of them part-time) who also undertook other nursing duties. The total whole-time equivalent was 72.05 and the ratio per 1,000 population was 0.18. This ratio is high when compared with the country as a whole (the summary of the revised 10 year plan proposals gives a ratio of 0.12) but this can be partly accounted for by the high proportion of home confinements and the fact that the population is so comparatively sparsely distributed over the whole of the administrative county. The areas covered by the midwives cannot be too widespread, otherwise they would find it difficult to provide a satisfactory service. Consequently the numbers of confinements undertaken by the midwives in the most rural parts of the county are small and necessitate the employment of more midwives than would be necessary to cover the same numbers in more thickly populated areas.

Supervision of Midwives

The County Council is responsible for the general supervision of midwives practising within the administrative county and this duty is carried out by the Council's supervisory nursing staff, acting as non-medical supervisors. In 1964, 217 midwives gave notice of their intention to practise in the county and 36 ceased to practise, leaving a net figure of 181 at the end of the year (2 more than at the end of 1963) as follows:—

Institutional		
Hospitals	32	
Nursing Homes	4	
		— 36
Domiciliary		
Local health authority ...	139	
Private practice	6	
		—145
		181

Deliveries attended by Domiciliary Midwives

Comparative figures for the past three years are as follows :—

	1962	1963	1964
Midwifery/maternity cases (doctor not present)	1,672	1,716	1,915
Maternity cases (doctor present) ...	1,442	1,354	1,483
	3,114	3,070	3,398

Domiciliary midwives employed by the County Council paid the following visits to these cases.

	1962	1963	1964
Maternity and midwifery	62,013	60,732	63,294
Ante- and post-natal	39,660	39,393	43,289

In addition, 1,273 visits were paid to 134 cases who miscarried and 20,296 visits were made to 3,306 mothers confined in institutions and discharged before the tenth day.

Births

The number of births to women normally resident in the authority's area during the year has continued to increase, and the table below sets out the births notified under the Public Health Act, 1936, as adjusted by notifications transferred in or out of the area:—

	1962			1963			1964		
	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total	Domiciliary	Institutional	Total
LIVE									
Actual	3,149	1,607	4,756	3,166	1,731	4,897	3,180	1,916	5,096
Adjusted	3,150	2,909	6,059	3,162	3,196	6,358	3,168	3,403	6,571
STILL									
Actual	32	28	60	30	20	50	16	40	56
Adjusted	32	74	106	30	76	106	16	82	98
TOTAL									
Actual	3,181	1,635	4,816	3,196	1,751	4,947	3,196	1,956	5,152
Adjusted	3,182	2,983	6,165	3,192	3,272	6,464	3,184	3,485	6,669

VI. HEALTH VISITING

Health visiting was being carried out at the end of the year by 32 whole-time health visitors (including 2 whole-time tuberculosis health visitors) and by 45 district nurses who also undertook home nursing and/or midwifery duties. 2 of the former and 17 of the latter were so employed under dispensations issued by the Ministry of Health. All the whole-time health visitors and 23 of the other staff were also acting as school nurses.

The whole-time equivalent of the health visiting staff was 35.19, excluding school nursing duties but including the 2 whole-time tuberculosis health visitors. This figure was an increase of 0.46 over the figure for the previous year. The Council's proposals in the 10 year plan for the development of the health services provide for a gradual increase to the equivalent of 42.5 whole-time health visitors by the end of 1973, but the Ministry of Health has pointed out that the resultant ratio of 0.10 per 1,000 population is below the ratio of 0.17 which is considered necessary to provide a service adequate to meet expected demands in 1972. The figures included in the proposals were based on realistic estimates of recruitment possibilities when the proposals were being formulated and consideration will be given to a revision when the proposals are reviewed in the latter part of 1965. It should however be borne in mind that since 1948 the Council has concentrated on developing a general purpose welfare service and the welfare officers carry out duties, particularly in relation to the elderly, which in other local health authority areas would usually be carried out by health visitors.

Health visiting duties undertaken during the past five years are summarised in the following table :—

Year	Ante-natal visits	First visits to children under 1 year	Total visits to children 0—5 years	Other visits (e.g. to elderly, physically handicapped, etc.)	Total visits
1960 ...	*33,909	6,773	93,018	2,420	129,347
1961 ...	1,827	6,980	96,884	4,670	103,381
1962 ...	1,533	7,266	89,498	5,259	96,290
1963 ...	1,439	†6,117	92,916	5,206	99,561
1964 ...	1,727	‡6,779	100,198	6,352	108,277

* Prior to 1961 the ante-natal visits to expectant mothers by nurses holding combined appointments as district nurse, midwife and health visitor were included in this column. They are now included in the midwifery section of the report.

† Born in 1963. ‡ Born in 1964.

VII. HOME NURSING

19 whole-time and 3 part-time staff were employed exclusively on home nursing duties at the end of the year, together with 119 nurses (10 of them part-time) who also undertook other nursing duties. The whole-time equivalent was 67.83, an increase of 1.14 on last year. The 10 year plan proposals allow for an increase to the equivalent of 82 whole-time home nurses by the end of 1973 but the filling of vacancies and the recruitment of additional staff are still very difficult.

Comparative figures for cases visited and visits paid in each of the last three years are :—

	No. of cases			No. of visits		
	1962	1963	1964	1962	1963	1964
Medical ...	4,702	4,759	4,726	97,367	92,672	104,429
Surgical ...	2,019	2,083	1,946	30,806	34,840	37,389
Tuberculosis ...	25	21	21	1,128	1,193	1,770
Other infectious diseases ...	10	9	3	41	109	3
Maternal complications	46	50	69	332	472	548
Others ...	57	42	72	1,490	1,207	653
Totals ...	6,859	6,964	6,837	131,164	130,493	144,792

4,167 patients were over 65 years of age and 99,132 of the visits were made to these cases.

1,203 patients each received more than 24 visits during the year.

VIII. VACCINATION AND IMMUNISATION

As a contrast to the past decade, this year has seen no major innovations in mixtures of immunising antigens, programmes, or appliances though the use of disposable sterile syringes has been extended to cover the whole county. An interesting development has been an increasing demand for advice on vaccination for international travel, especially from school age groups.

Vaccination against Smallpox

Due to the change in policy in 1962 when the Ministry of Health recommended a time between the first and second birthdays as being the most suitable age for administration of this vaccine, most infants are being vaccinated after their first birthday. The total number of children under 5 years receiving vaccination has increased on the 1963 figures which followed the great rush for vaccination during the previous year's smallpox outbreak in Britain.

Comparative figures for the last 4 years are given below :—

	Primary Vaccination					Re-
Year	Under 1 year	1-4 years	5-14 years	15 years & over	Total	vaccination
1961 ...	2,908	503	184	310	3,905	790
1962 ...	3,175	1,370	2,970	3,650	11,165	7,981
1963 ...	1,085	600	143	80	1,908	252
1964 ...	1,054	1,626	69	60	2,809	193

Vaccination or re-vaccination is usually carried out by the family doctor although a few children are dealt with by medical officers at infant welfare clinics at the request of parents.

Immunisation against Diphtheria

The immunity index was 68% compared with 64% at the end of 1963. The figures below show an improvement especially in the case of reinforcing injections in the age group 1—4 years, whilst the increase in reinforcing doses received by school children is to be welcomed :—

	Primary				Re-inforcing Injections		
Year	Under 1 year	1-4 years	5-14 years	Total	1-4 years	5-14 years	Total
1961 ..	1,522	4,063	2,400	7,985	744	8,257	9,001
1962 .	1,529	2,991	1,174	5,694	551	4,417	4,968
1963 ...	1,651	3,001	707	5,359	756	3,986	4,742
1964 ...	1,859	3,295	768	5,922	1,240	6,010	7,250

The County Council supplies diphtheria antigen for injection in combination with the tetanus and/or pertussis antigens. The immunisation of young children is carried out by the family doctor, or by the medical officer at the infant welfare centre, according to the parents' wishes. For children of school age, primary and booster injections are usually given by the school medical officer.

Immunisation against Whooping Cough

Protection against whooping cough is provided almost wholly by the use of triple antigen in infancy and these statistics are therefore very similar to those for primary immunisation against diphtheria :—

Year		Under 5 years	Over 5 years	Total
1961	...	5,376	452	5,828
1962	...	4,466	201	4,667
1963	...	4,508	82	4,590
1964	...	5,000	84	5,084

It is important to achieve protection in early infancy by commencing injections at about the age of two months because the greatest risk of death from whooping cough is to infants contracting the disease before they are six months old.

Immunisation against Tetanus

This dangerous but completely preventable disease is more common in agricultural areas so that the importance to the community in Norfolk must be stressed.

Comparative figures for the past three years are :—

Year		Primary Immunisation 0-15	16 and over	Booster Injections All ages	Total
1961	...	18,324	3,792	1,800	23,916
1962	...	9,921	4,191	2,028	16,140
1963	...	7,208	1,856	3,339	12,403
1964	...	7,377	1,377	7,238	15,992

Whilst tetanus toxoid is normally administered to very young infants along with the diphtheria and whooping cough components of the triple antigen, it is necessary for a booster dose to be given to such young children about the age of 18 months. A further booster dose is required at the age of school entry.

A modification of tetanus toxoid, namely adsorbed tetanus vaccine, was made available for casualties at the time of injury. Given as a separate injection in such circumstances, it has the advantage of not being neutralised by other immediate and simultaneous treatment and the patient need attend for only one subsequent injection (of adsorbed tetanus vaccine) to complete the primary course. Subsequent protection is boosted by a third dose about 6—12 months later.

Vaccination against Poliomyelitis

The use of the Salk vaccine by injection continues to dwindle because of the popularity of the Sabin vaccine administered by mouth.

The comparative figures for the first two full years during which oral vaccine has been available are:—

	Primary Courses		Reinforcing Dose	
	1963	1964	1963	1964
Oral (Sabin) Vaccine ...	5,880	6,294	6,829	4,628
Salk Vaccine	271	225	534	108
	6,151	6,519	7,363	4,736

The higher figures of reinforcing doses in 1963 reflect to some extent the interest stimulated by the acceptability of the oral vaccine among persons eligible for this booster dose, whereas in 1964 the poliomyelitis scheme had settled down to what is probably a stable level of demand from parents for their infants and young children.

IX. AMBULANCE SERVICE

Ambulances

Prior to 1964 the agency ambulance service, administered by 18 district ambulance committees, each with their own local ambulance station, was co-ordinated by the central telephone and radio control at 31, Thorpe Road with a sub-control at King's Lynn, operating only during the day-time, the service at night and at certain week-end periods being covered by standby arrangements at each of the 18 local ambulance stations.

Early in 1964, it was agreed that a 24-hour day, 7-day week county ambulance control should be established in the Public Health Department to facilitate the handling of 999 emergency ambulance calls throughout the county in conjunction with the Post Office automatic telephone exchange system. It was also felt that this would give support to the local ambulance station standby arrangements at all hours of the night and at week-ends. By joint agreement, male control assistants were appointed and trained, up-to-date telephone equipment was installed and a permanently manned control was introduced on 13th July. A replacement of the existing ambulance radio installation, with certain improvements, is planned for 1965.

One of the Norwich District ambulances has been on standby duty from 10 p.m. to 6 a.m. at Carrow Abbey but this arrangement was altered during the year and it is now accommodated in a specially constructed shelter near the control.

The financial year of the Voluntary Ambulance Committee has run from 1st July to 30th June but this has been changed to bring it into line with the Council's financial year (1st April to 31st March). The Committee's accounts for the period to 31st March, 1964, were for nine months only and the ascertained running costs for that period resulted in the amount payable by the Council being increased from 2s. 4d. to 2s. 7½d. per mile. In addition, it was agreed to contribute £6,500 (the normal amount) towards the provision of new vehicles during the year ending 31st March, 1965.

Consideration was given to the transfer of the Norwich ambulance station to another site as the present garages at Carrow Abbey are required by the British Red Cross Society for their other vehicles, but no definite decision was reached.

There was a considerable increase in the number of patients conveyed, although fortunately the total mileage involved did not increase to the same extent, due to the fact that the average mileage per patient was reduced from 23.05 in 1963 to 20.73 for the year under review.

Comparable figures for the past five years are :—

	Patients	Mileage	Mileage per Patient
1960	14,345	319,364	22.26
1961	15,549	342,568	22.03
1962	15,515	362,740	23.38
1963	16,644	383,630	23.05
1964	19,242	399,002	20.73

A circular was received from the Ministry of Health outlining the future arrangements for the use of Service helicopters for transporting seriously ill patients in circumstances of critical emergency. Local health authorities will be responsible for making the arrangements. Fortunately, it was not necessary to use this means of transport during the year.

Another circular from the Ministry gave particulars of the action which should be taken by ambulance crews if they were called upon to attend any incident in which radio active substances were involved.

A Working Party has been set up by the Ministry to report on ambulance training and equipment and it is hoped that the report will be published in 1965. Drivers are encouraged to improve their standard of driving and 8 drivers, having passed the requisite tests, were recommended for membership of the Institute of Advanced Motorists. Arrangements were also made through the County Police for drivers to visit the skid pan at Chelmsford.

Various types of ambulances were inspected during the year with a view to standardisation in ordering new vehicles.

Car Service

The hospital car service continues to be directly administered by the County Council from the two main controls, viz,, at Norwich and King's Lynn. Heavy demands are made upon the service but close liaison is maintained with hospital staffs and family doctors whose co-operation is much appreciated in efforts constantly maintained to co-ordinate journeys on a daily basis as far as this is practicable. The extent to which this has been achieved is indicated in the following table :—

	Patients	Mileage	Mileage per Patient
1960	54,891	1,269,120	23.12
1961	57,942	1,182,545	20.41
1962	61,296	1,326,864	21.65
1963	66,936	1,353,576	20.22
1964	69,998	1,448,024	20.68

Over the past five years, the mileage increase is only proportionately about one-half of the rate of increase in the number of patients conveyed. However, the figure of 20.68 miles per patient is a high one and even with the help and co-operation of all concerned, almost 50% of the journeys involved transport of one patient only. This co-operation must be maintained if the costs of the service are to be contained within reasonable limits.

X. PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Tuberculosis

Chest clinics are held by Dr. Couch (East Norfolk) at Norwich, Cromer and Gt. Yarmouth, and by Dr. Barran (West Norfolk) at King's Lynn, Dereham, Thetford, Wells and Fakenham.

(*a*) **Incidence**

Numbers of new cases notified during the past five years are as follows:—

	Respiratory	Non-Respiratory	Totals
1960 ...	94	29	123
1961 ...	123	17	140
1962 ...	108	16	124
1963 ...	65	23	88
1964 ...	62	27	89

Mortality figures for the same period are:—

	Respiratory	Death Rate per 100,000 Population	Non-Respiratory	Death Rate per 100,000 Population
1960 ...	11	2.7	1	0.25
1961 ...	17	4.2	–	–
1962 ...	12	2.9	3	0.75
1963 ...	7	1.7	2	0.5
1964 ...	6	1.5	2	0.5

(*b*) After-Care Register

The number of respiratory cases on the register continued to decrease. The following table shows the numbers on the register at the end of each of the last five years:—

	Respiratory	Non-Respiratory	Totals
1960 ...	1,240	120	1,360
1961 ...	1,225	118	1,343
1962 ...	1,169	119	1,288
1963 ...	1,091	101	1,192
1964 ...	994	108	1,102

(c) Provision of Extra Nourishment

25 cases were receiving free milk at the end of 1964.

(*d*) Shelters

The position at the end of each of the last five years has been as follows:—

	No. available	No. in use
1960 ...	34	21
1961 ...	27	15
1962 ...	26	15
1963 ...	26	14
1964 ...	23	11

(*e*) B.C.G. Vaccination

Particulars of children skin tested and vaccinated during the last five years are as follows:—

	Tested	Negative	Vaccinated
1960 ...	4,795	3,916	3,862
1961 ...	4,527	3,598	3,499
1962 ...	4,213	3,250	3,192
1963 ...	4,455	3,716	3,619
1964 ...	3,632	3,204	3,164

(*f*) General

The Council continued to meet the cost of the rehabilitation of one case at Papworth.

503 members of the Council's staff whose duties involved close contact with children had chest X-ray examinations.

The British Red Cross Society's library service is available for infectious cases and the local W.V.S. clothing depots supply clothing for necessitous patients. The Friends of Kelling also provide patients with amenities not otherwise available.

(*g*) Joint Report of Chest Physicians

" It is gratifying to be able to report that in Norfolk, tuberculosis, if not eliminated, has, as a severe killing disease, been brought under control. Previous reports over the past decade have shown a steady reduction in mortality and the seven deaths which occurred in 1964 is the lowest figure yet recorded, the deaths which did occur being almost entirely confined to those, usually the elderly, where an associated disease was playing the major part. Whilst it is unwise to be too dogmatic, assurance can now safely be given to new patients that their disease is curable and that in those with minimal disease hospital admission may be unnecessary.

The morbidity figures, however, are virtually unchanged and give warning against complacency, but what is considered a more exact criterion of the degree of control obtained is the extent of infection in the school child. This can be simply demonstrated by the use of the tuberculin skin test. Children in the last year at school are so tested as a part of the B.C.G. campaign for protective immunisation, the percentage found positive (Tuberculin Index) being a criterion of those who were or had previously been at risk. The Index for Norfolk school children, which was 16.4% in 1961, was 9.3% in 1964. If this figure is maintained, and it is hoped improved upon, it will be the most valuable single factor in indicating the reduction in the sources of infection in the community. It will be of great interest during the ensuing years to observe the Index and it is hoped that the day may not be too far distant when an Index of 2% can be recorded. The feature of milk infection, which has played such a prominent part in many past reports, occupies only a very minor role, bovine infection having been reduced to a rarity by the universal testing of dairy herds, supplemented by the pasteurization of milk.

The tuberculosis campaign, as in the past, remains centred on the chest clinic where facilities are available for the general practitioner to refer cases for radiological examination or for fuller clinical appraisal. Two supplementary methods of case finding, namely the examination of contacts and the facility of mass miniature radiography, are actively pursued. Increased individual resistance by the B.C.G. vaccination of contacts, school leavers and hospital workers continues to be carried out by the medical officers of health and by the chest physicians. Treatment remains based on the maintenance of the infectious case in hospital for a period averaging three to four months when the well-proven chemotherapeutic regime is brought to bear. Surgery is rarely required. Further progress on these lines is anticipated but the final stage of the complete eradication of tuberculosis is not yet in view."

Health Education

1964 was a year of quiet but definite progress in the field of health education. As in previous years, the health visitor has continued to be the main worker in this field. The scattered and rural nature of the county prevents spectacular displays and schemes and the health visitors have to rely on person to person teaching, displays and talks to groups of mothers in infant welfare centres held in rented and sometimes not too suitable accommodation. To make this work simpler, it was decided to formulate a common programme of monthly health education subjects. Posters and literature are ordered at Headquarters and distributed throughout the county. This system has proved to be very popular and at a meeting of health visitors in the autumn the programme for next year (1965) was discussed and several additions were made subsequently. Health visitors developed their own programmes within this framework. A very good example of this was the request from a health visitor in a seaside area for a demonstration of



Overcoming Handicaps at Home



mouth-to-mouth artificial respiration. With the very kind assistance of the Training Officer of the British Red Cross Society, instructors attended infant welfare centres and gave demonstrations of this important advance in first aid. This proved to be very popular and was very well received

The programme of health education subjects for 1964 was as follows:—

March	- -	Poisons in the Home.
May	- -	Diet.
June	- -	Immunisation.
July	- -	Hygiene in the Home.
August	- -	Health and Holidays
September	- -	Personal Hygiene.
October	- -	Fires, Fireworks (including Eye Safety).
November	- -	Smoking.
December	- -	The Elderly.

It will be seen that from the choice of such subjects as poisons and fireworks an attempt has been made to highlight the importance of accident prevention.

Mothercraft classes continued to be very successful and the statistics will be found in Section III. The syllabus is given below :—

Talk I	- -	Mental approach in preparation for motherhood.
Talk II	- -	Labour and reproduction.
Talk III	- -	Layette, cot, pram.
Talk IV	- -	Diet in pregnancy.
Talk V	- -	Hygiene of pregnancy.
Talk VI	- -	Gas/air analgesia.
Talk VII	- -	Bathing baby and early post-natal care.
Talk VIII	- -	Early care of the baby (feeding).

In 1964 the Department availed itself of the services of the Central Council for Health Education to arrange a one-day study course in health education. This was held on 7th July and the subject chosen was " Smoking." The Central Council provided the lecturers from their central staff and 28 members of the County Council's staff attended. This was a most helpful study day. It is of note that this service is provided free by the C.C.H.E. to all contributory authorities.

The medical and nursing staff continue to give lectures on health education subjects when requested by schools and other organisations. There is no formal planning here; by and large, such activities are always more successful when they arise as a request from the recipients.

With only a modest expansion of health education activities it was quite apparent that in this county a large amount of administration is required. For example, in maintaining a monthly programme some eighty-six sets of material have to be collected together and distributed.

The following information provided by the Jenny Lind and Norfolk and Norwich Hospitals unfortunately demonstrates the need for local efforts to be maintained and, wherever possible, increased, supported by national press, radio and television accident prevention publicity:—

	Jenny Lind			Norfolk and Norwich		
	1962	1963	1964	1962	1963	1964
Injuries to body and limbs ...	220	222	238	82	54	81
Cuts	180	187	185	29	26	16
Burns and Scalds	123	122	117	2	—	4
Poisoning	69	85	70	—	—	—
Foreign bodies	60	57	55	—	—	—
Miscellaneous	13	7	10	—	—	—
	665	680	675	113	80	101

Venereal Disease

No requests were received from treatment centres for the follow-up of patients failing to complete courses of treatment and no details of contacts of American Servicemen suffering from venereal disease were referred by the medical officers for the tracing of sources of infection.

Returns from the Norwich, King's Lynn and Gt. Yarmouth treatment centres show that 315 new Norfolk cases attended during the year as follows (1963 figures in brackets):—

Syphilis	5	(10)
Gonorrhoea	82	(62)
Other conditions	228	(266)
	315	(338)

Dr. H. L. Rogerson, venereologist at the Norfolk and Norwich Hospital, reporting on cases attending that centre, which include those from the eastern half of the administrative county, states:—

"During 1964 there was a slight decrease in venereal disease compared with the previous year. There were, too, less patients attending for conditions associated with venereal diseases. There were still many patients suffering from venereophobia, a condition which was stressed in the report last year.

It is still recommended that all pregnant women, who have been treated for acquired syphilis in the past, should have a course of treatment during subsequent pregnancies."

Provision of Nursing Equipment

The Norfolk branches of the British Red Cross Society and the St. John Ambulance Brigade, as agents of the County Council, have continued to provide the smaller items of sick-room equipment on loan through 116 local depots, larger items, such as wheelchairs, being supplied through their central depot. The County Council pays the rental charges for all items loaned. The Council makes direct arrangements for the purchase and supply of major items of equipment, such as hoists, which are issued on free loan to patients where medically recommended.

In accordance with Ministry of Health circular 14/63, the County Council extended the provision of incontinence pads through the home nursing service, free of charge to all domiciliary cases in need of this nursing requisite, whether being attended through the Council's home nursing scheme or otherwise. This extension of the scheme has been welcomed by all concerned and the issues increased from 9,600 in 1963 to 37,300 in 1964.

Disposal problems have not assumed serious proportions in rural areas where they are burnt on domestic fires or in garden incinerators. In the more urbanised areas, on new estates and in flats, normal refuse disposal methods are utilised, although this does necessitate substantial wrapping.

Provision of Recuperative Convalescence

The County Council arranged short periods of recuperative convalescence at voluntary homes for 5 cases referred by family doctors.

The Marie Curie Memorial Foundation

28 patients were assisted under the area welfare scheme during the year from grants received from the Foundation.

Chiropody

A second chiropodist commenced duty in April. 931 homebound persons were visited during the year and 3,639 treatments given, compared with 559 persons visited and 1,957 treatments given by the one chiropodist in 1963.

A contribution of 2/6d. per treatment is collected by the chiropodist except in cases of financial hardship.

Throughout the year the numbers of homebound cases in the special categories (the elderly and the physically handicapped) needing domiciliary treatment have considerably increased and the intervals between treatments remained at approximately 10 weeks, despite the appointment of a second chiropodist.

This service for these special groups is complementary to the 158 schemes for group chiropody sessions arranged locally by Old People's Clubs and co-ordinated by the Norfolk Old People's Welfare Committee as agents of the County Council's Welfare Committee. These local group treatment schemes provided 24,557 treatments during 1964.

XI. HOME HELP SERVICE

There has been little change in the general pattern of the service. 1,604 cases were assisted during 1964, an increase of 100 over the previous year, but a more significant increase occurred in the number of cases which required continuous assistance throughout the year as shown by the following figures :—

Year	Cases requiring continuous assistance
1960	409
1961	408
1962	445
1963	475
1964	705

The inevitable rise in the number of hours provided, particularly in the post-operative, sick and old age and blind categories, is reflected in the following table :—

Category	1962		1963		1964	
	No. of cases	Hours of service provided	No. of cases	Hours of service provided	No. of cases	Hours of service provided
Maternity	52	2,100	73	3,234	66	2,538
Children without Mother	24	4,412	14	3,401	11	4,672
Post-operative	26	3,143	45	5,648	49	7,617
Sick and Old Age	1,145	276,018	1,314	300,840	1,415	334,727
Blind	51	16,392	54	16,368	60	17,834
Tuberculosis	4	2,199	4	1,014	3	561
TOTALS	1,302	304,264	1,504	330,505	1,604	367,949
Increase (+) over previous year.	+ 8.86%	+ 4.66%	+15.51%	+ 8.62%	+ 6.64%	+11.32%

663 home helps were employed on an occasional basis during the year, an increase of 60 compared with 1963, recruitment continuing to be related to the locality of the cases assisted so as to avoid undue travelling. Many of these home helps show a personal interest in the welfare of their cases, a high proportion of whom are elderly and infirm, and devote hours of their own time to paying voluntary evening visits to add to the comfort of these old folk. Valuable service is also rendered by members of the voluntary organisations.

The day-to-day administration of the scheme is undertaken at the local health offices. The home help organiser, and her assistant based on King's Lynn, supervise the work of the home helps, carry out investigations of special cases referred by the Council's local welfare officers and directly supervise the service in problem family cases.

A four-day training course attended by 11 home helps was arranged at Easter at the Sprowston Secondary Modern School with the co-operation of the Chief Education Officer in continuation of the policy of encouraging home helps to widen their knowledge of the social services and gain experience of the methods of dealing with problem families and other cases of special need.

The table on page 33 shows the number of cases and duration of assistance provided during 1964.

TABLE 3.

HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1964.

Type of case.	Cases assisted up to															Hours of service provided.	Percentage of total service.	Total cases assisted.
	Weeks.				Months.													
	1	2	3	4	2	3	4	5	6	7	8	9	10	11	12			
Maternity ...	12	29	20	5	—	—	—	—	—	—	—	—	—	—	—	2,538	0.69	66
Children without mother ...	—	—	—	1	—	—	—	1	—	—	1	1	—	1	6	4,672	1.27	11
Post-operative ...	2	2	3	9	2	4	1	1	1	9	1	2	1	2	9	7,617	2.07	49
Sick and Old Age ...	29	39	38	35	53	79	54	57	70	72	47	46	58	73	665	334,727	90.97	1,415
Blind	1	2	1	1	2	1	8	1	5	2	3	2	6	1	24	17,834	4.85	60
Tuberculosis ...	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	561	0.15	3
Totals	44	72	62	51	57	84	63	60	76	83	53	51	66	77	705	367,949	100.00	1,604

XII. MENTAL HEALTH SERVICE

Introduction

Little tangible progress was made in regard to new capital work under the 10 year development plan and the time taken to implement the proposals for improved community services is frustratingly long. It had been hoped that the building of the new Comprehensive Training Centre at King's Lynn would have been completed by the end of the year, but the contractors failed to keep to the completion date and the centre is not likely to be handed over until the spring of 1965. In the light of experience it is apparent that the provision of residential accommodation, new training centres and improvements to existing centres will take longer than was at first anticipated due to difficulties in finding suitable sites and the shortage of architectural staff. It is, indeed, fortunate for the service that the teachers and other staff of the existing training centres have been ready and willing to accept more children than the centres were designed to accommodate and to tolerate these difficult conditions in a cheerful and co-operative manner.

Staff

(*a*) General

The vacancy for a psychiatric social worker was advertised on two occasions, but no suitable applications were received and the vacancy has been held over for a year.

In December, Mr. T. H. Higham, who had been Deputy Superintendent Welfare Officer since July, 1948, resigned on obtaining the appointment of Director of Welfare Services, West Suffolk. Mr. Higham played a very large part in the development of the Council's mental health and welfare services and will be greatly missed in the service.

The 19 local welfare officers continued to hold joint appointments as general welfare officers and mental welfare officers and it will be seen from the statistical portion of this section of the report that their mental health work continued to expand. Because of this and also the need for increased general welfare work, particularly with the elderly, the appointment of an additional welfare officer was approved for 1965 and the 10 year plan provides for further increases in welfare staff in later years.

(*b*) Training

(i) Mental Welfare Officers

The majority of the existing officers are qualified by experience and the decision of the Council for Training in Social Work to recognise officers with specified years of experience as qualified was welcomed. There is no doubt that since 1948 these officers have borne the brunt of the development of local authority mental health and welfare services and for 13 years no suitable training course was made available to them. Without the high sense of service and vocation which these older officers have consistently shown, the expansion of community services would have been impossible and the quality of their work has fully justified qualified status.

For future appointments to the junior posts of assistant welfare officer and welfare assistant, it is proposed to recruit persons with a good educational background who are fully prepared to undertake training. After a suitable period of in-service training, these officers will be seconded to a two-year training course with payment of full salary and certain allowances, provided they undertake, on obtaining the Certificate in Social Work, to return to the Council's service for a period of at least two years. In 1962 the first three officers (an assistant local welfare officer and two welfare assistants) were

seconded to the North-West Polytechnic, London, and it is gratifying to report that, on completion of the course in 1964, all were awarded the Certificate in Social Work.

(ii) **Training Centre Staff**

Approval was given to the release of two assistant teachers to enable them to attend the National Association for Mental Health one-year training course and Miss J. Ball (Holt Centre) commenced at the Sheffield course in September. Four members of the teaching staff attended a short training course run by the Staffordshire County Council at Eccleshall and two attended a similar course run by the National Association for Mental Health in London.

Two conferences of all teaching staff were held: in April, Mr. R. A. Thomson, Senior Educational Psychologist, Norfolk Education Committee, gave a most informative and helpful talk and demonstration on "Testing the Intelligence Quotient" and in September, Mr. T. Lord, Light Craft Organiser, Norfolk Education Committee, gave an extremely interesting talk and demonstration of handwork and crafts suitable for training centres.

(iii) **Other Training and Conferences**

The Chairman of the Health Committee and the Superintendent Welfare Officer attended the Annual Conference of the National Association for Mental Health.

A number of medical and other staff attended a meeting at Cambridge to discuss the autistic child. This was organised by the Eastern Region of the National Society for Mentally Handicapped Children and the principal speakers were Dr. Mildred Creak, Dr. Gerald O'Gorman and Dr. Thomas Weihs. The Deputy Superintendent Welfare Officer attended a conference in London organised by the National Association for Mental Health on "Dementia in the Elderly".

Regular conferences of local welfare officers were held to discuss various aspects of their work and every effort is made to keep staff up-to-date in their work.

Mental Illness

(*a*) **Hospital Admissions**

Last year reference was made to the extensive use by the mental welfare officers of the emergency procedure under Section 29 of the Act and this continued during the year, accounting for more than two-thirds of all compulsory admissions. The number of informal admissions dealt with by the mental welfare officers showed a considerable increase and the general practitioners frequently express appreciation of the help and assistance which they receive from these officers who also provide a social history for the hospital wherever possible.

(*b*) **After-Care**

Regular meetings are held at the hospitals to discuss various aspects of the service and individual problems. The medical superintendents are most helpful in affording facilities for, and providing hospitality at, these conferences which are normally also attended by senior nursing and other hospital staff so as to ensure the fullest co-operation between all concerned. At one conference the tape recordings of the criticisms of the service, first heard at the National Association for Mental Health's conference on "The Whole Truth", were played and discussed.

In addition to the advisory after-care work referred to earlier, the two psychiatric social clubs continued to meet regularly at Norwich and King's Lynn. The varied activities of these clubs and the opportunity afforded to talk over their problems gives the members considerable help and support, particularly to those who may be feeling lonely and unwanted in their own locality.

Some success has also been achieved by the social worker who organises the clubs in obtaining employment for discharged patients.

Subnormality

(*a*) Hospital Waiting List

Reference was made in last year's annual report to the fact that no vacancies were granted to low-grade children on the waiting list for permanent accommodation. The situation did not improve during the year and has, in fact, worsened because of the increased urgency of cases already on the list and the deterioration in health, not only of the child, but also of members of the family. It is impossible for the community services to provide adequate care and help for the families of these unfortunate children whose need can only be met by permanent hospital care. Nevertheless, every effort has been made to provide help by short term care (79 cases), by assistance in the home and by advisory supportive visits. A number of children have also been retained in training centres who are really incapable of benefitting from the training given but are sufficiently quiet to be acceptable and not cause undue strain to the teaching staff. Their presence at the centres is, however, to the disadvantage of the other children and it is to be hoped that the Regional Hospital Board will soon be able to meet its responsibilities by providing permanent hospital care for the most pressing of the very urgent cases on our waiting list.

(*b*) Junior Training Centres

The arrangements at training centres continued as in previous years, but without any increase in accommodation the number of children in attendance rose from 165 to 192. At King's Lynn the overcrowding has reached the point where the training of the children is only carried out under great difficulty and the opening of the new comprehensive centre is anxiously awaited by staff and parents alike.

In anticipation of the adult training centres which will be either attached to or in the same area as the existing junior training centres, it is the usual policy to authorise the continued attendance of children who attain the age of 18 years. This has the effect of creating an additional burden for the staff but is undoubtedly in the best interests of the children concerned as they will have no break between attendance at the junior and adult centres. It is to be hoped that in the near future much greater progress will be made in the provision of new facilities. In this connection detailed plans have been prepared for extensions at the Attleborough centre and these have been approved by the Ministry. The new facilities include an adult workshop, a small special care unit, improved dining and general facilities and a further classroom for juniors. The necessary additional land has been purchased and it is hoped that building will commence early in 1965. It is proposed to provide similar facilities at the Holt centre and reports as to the best method of doing this have been considered, but no positive progress was made by the end of the year.

Head teachers of all centres arrange a full and varied programme of special activities such as "Open Days", parties, outings, visits to places of interest, etc. Members of the Mental Health Sub-Committee visited the

centres on two occasions during the year, one as a formal visit in July and the other on the occasion of the "Open Days" at Christmas time. In addition many persons request permission to visit and see the work undertaken and we have been particularly pleased to encourage visits by sixth form scholars and youth club leaders.

An outstanding visit during the year was that of Madame Honoria Bailet Caulker, Paramount Chief of Sierra Leone, to the Holt training centre. Great interest was shown in the work of the centre and the Chief and her party were obviously impressed by the training which it is possible to give to subnormal children and expressed the view that, on their return to Sierra Leone, plans for the training of subnormal children would be prepared.

(*c*) Adult Training Centres

(i) Norwich and Great Yarmouth

52 county cases attended the adult centres at Norwich and Great Yarmouth and the majority travelled on public transport unescorted. Both the Norwich and Great Yarmouth centres undertake a wide variety of industrial assembly work as well as the making of seed boxes, wooden fencing, etc. It was pleasing to note that, with the help of the supervisor of the Norwich centre, one youth obtained regular, full-time employment and has continued to be satisfactory in his work since he left the centre in November.

During the year the Mental Health Sub-Committee paid an official visit to the Norwich adult training centre and were much impressed with the work being undertaken.

(ii) King's Lynn Comprehensive Centre—Adult Section

Many matters of policy concerning the operation of this centre were under consideration during the year, including the salaries and type of staff, the hours of operation, the arrangements for the canteen and light refreshments and the payment of incentive money. In the latter connection it was agreed that as each person attending will have to pay for the mid-day meal at the rate of 1s. 0d. per day (5s. 0d. per week), the minimum incentive payment should be 7s. 6d. per week, any payment above this figure being based on production.

At the request of the local Society for Mentally Handicapped Children, who are making a gift of concrete machinery for the centre, the superintendent welfare officer explained the general working and operation of the new centre, its objectives and probable future developments at meetings of the Society's executive committee and subsequently at a general meeting. The Society has indicated that it is prepared to give further support to the work of the centre.

(*d*) Transport

(i) Junior Training Centres

At the end of the year there were 21 routes to the five centres and the mileage covered totalled 432,290. This was mainly by hired taxis, but in view of the successful operation of Council-owned Dormobile-type vehicles at the King's Lynn and Sprowston centres, it was decided to purchase another similar vehicle and this was brought into operation at King's Lynn.

Tribute should be paid to the drivers and escorts of all the vehicles; it is to their credit that despite the large mileages covered no real difficulties have arisen over the past 16 years.

(ii) **Adult Training Centre**

Up to the present time, persons attending the Norwich adult training centre have been required to travel on public transport where this is available and the test of attendance has been suitability to travel by this means. Whilst this policy helps the independence of mentally handicapped persons by giving them the feeling that they "go to work" in the same way as other members of the community, there are, however, a number who, because of physical handicaps, or behaviour problems, are not suitable for public transport. In addition, there are also wide areas of the county in which such transport is not available on a daily basis and in view of the imminent opening of the King's Lynn adult centre the whole question was reviewed and future policy determined on the following lines:—

The first consideration in regard to attendance should be suitability and where the person concerned is suitable to travel by public transport this should be used where available, the cost of fares being met by the Council.

Where no public transport is available, or the person concerned is not suitable for such transport, conveyance by taxi or other means should be provided either by the transport conveying children to junior training centres, or separately as necessary.

Part-time escorts should be employed as required to ensure that persons waiting for 'buses or trains have appropriate supervision to avoid any difficulties which might otherwise arise.

(*e*) **Adult Social Clubs and Home Teaching**

This service continued as in previous years with very little change in the arrangements. The home teachers again arranged holidays for adult mentally handicapped persons, 71 going to The Denes Holiday Camp, Kessingland, in May and 37 to The Pleasaunce, Overstrand, in September. These holidays were very much enjoyed by the handicapped and appreciated also by relatives who, in many instances, were able to have a holiday themselves, or at least a complete break from the care of the subnormal person for a whole week. A good deal of voluntary assistance was made available to the home teachers both during the holidays and with transport, and the staff at The Denes and The Pleasaunce were most helpful in arranging programmes and ensuring the success of the arrangements.

(*f*) **Guardianship**

There was a slight increase in the number of guardianship cases during the year, two new cases being the subject of Orders by Magistrates' Courts under Section 60 of the Mental Health Act. In both these cases there has been good co-operation between all the parties concerned and the mental welfare officers' advice and assistance has helped to stabilize the position. The use of guardianship in minor criminal cases appears to be effective where the home background is suitable and can avoid the necessity for imprisonment or hospital care.

After a case conference of all concerned, including the police, consent was given to the marriage of a woman who has been under Guardianship for many years. At the end of the year, reports indicated that the marriage was proving a successful one and that the woman, with the help of her mother and the health visitor, had shown considerable ability in the bringing up of her second child.

Residential Accommodation

(*a*) **Hostel for Subnormal Adults**

The first hostel of this type is to be provided at King's Lynn and will be used in conjunction with the comprehensive training centre there. Provisional plans were submitted to the Ministry for comment and a number of suggestions and observations were received which are now under consideration. The site has been purchased and building should commence in 1965. After seeking the advice of Dr. J. V. Morris, Physician Superintendent, Little Plumstead Hospital, it was decided that the hostel should cater for both sexes and the building is to be designed accordingly.

During the year it was learned that the Norfolk and Norwich Society for Mentally Handicapped Children had in mind providing a similar hostel in East Norfolk and a preliminary conference was held with representatives of the Society and further consultations will take place as the Society's plans develop.

(*b*) **Hostels for Children attending Junior Training Centres**

A site is still being sought for the first hostel of this type which will be in association with the new King's Lynn centre. It has been decided to provide a similar hostel for East Norfolk when the Sprowston centre is replaced within the next few years.

(*c*) **Hostel for the Elderly Mentally Infirm**

The provision of this hostel, already agreed in principle, is being dealt with by the Welfare Committee, but no progress was made during the year.

Voluntary Bodies

Co-operation has continued with the various local bodies who are concerned with mental health. Parents' Associations at training centres have undertaken the raising of funds to help to give pleasure, entertainment and happiness to the children and by their meetings and discussions also help members in the problems and uncertainties which often beset the parents of subnormal children.

It was learned during the year that the Eastern Region of the National Society for Mentally Handicapped Children had been offered a substantial sum of money and a site for the building of a holiday home at Winterton-on-Sea. Discussion took place with representatives of the Society regarding the type of accommodation to be provided which will probably be available for holiday parties by 1966.

Another development was the formation of a local Association for Mental Health. Miss Mary Appleby, the Secretary of the National Association, was the principal speaker at the inaugural meeting and expressed the view that the Association would, in future, be able to take part in the furtherance of mental health work, especially in education and publicity.

ANNUAL FIGURES—(For the purpose of comparison the figures for the year ended 31st December, 1963 are shown in brackets where applicable and available.)

Community Care

(a) *Mentally Ill*			
(i)	Cases at 1.1.64	273	(285)
(ii)	New cases referred	223	(201)
(iii)	Cases closed during year	212	(213)
(iv)	Current cases at 31.12.64	284	(273)
(v)	Visits made during year:		
	(1) to patients	1,942	(1,495)
	(2) associated visits	472	(485)
(vi)	Attending Psychiatric Social Clubs (2) ...	30	(31)

(b) *Mentally Subnormal*

(i) *On mentally handicapped register (subnormal and severely subnormal)*

	Male		Female		Total	
Guardianship cases at 1.1.64 ...	4	(3)	3	(3)	7	(6)
Discharged during year	1	(–)	1	(–)	2	(–)
New cases placed under Guardianship:—						
By courts	2	(1)	–	(–)	2	(1)
By applications	1	(–)	1	(–)	2	(–)
TOTAL (at 31.12.64) ...	6	(4)	3	(3)	9	(7)
Cases receiving welfare visits ...	536	(521)	418	(423)	954	(944)
	542	(525)	421	(426)	963	(951)

(ii) *New Cases arising during year*

Notified under Section 57 of the Education Act, 1944	18	(24)	25	(8)	43	(32)
Reported by Education Committee as requiring care and guidance ...	14	(23)	16	(16)	30	(39)
Other referrals	10	(8)	11	(6)	21	(14)
TOTAL ...	42	(55)	52	(30)	94	(85)

(iii) *Receiving Training*

At Junior Training Centres:						
In Norfolk (4)	111	(93)	81	(72)	192	(165)
Outside County (2)	9	(9)	8	(6)	17	(15)
At Adult Training Centres:						
In Norfolk (–)	–	(–)	–	(–)	–	(–)
Outside County (2)	32	(29)	20	(15)	52	(44)
Under Home Teachers (3)						
At home	14	(13)	25	(23)	39	(36)
At Day Centres and Social Clubs (9)	53	(58)	77	(74)	130	(132)
	219	(202)	211	(190)	430	(392)

(iv) *Awaiting attendance at Junior Training Centres* ...	5	(6)	4	(2)	9	(8)
(v) *Considered suitable for Adult Training Centres* ...	46	(46)	30	(37)	76	(83)

Premises registered under the Mental Health Act

Mental Nursing Homes	Nil	
Residential Homes for the Mentally Disordered	3	"Crossways", Threxton, for 18 severely subnormal children up to 10 years of age. The Towers, Downham Market, for 14 severely subnormal males over the age of 14 years. 31, Norwich Road, Thetford, for 3 severely subnormal children.

Admissions dealt with by Mental Welfare Officers

(a) *Mentally Ill*

	St. Andrew's		Hellesdon		Other Hospitals		Total	
Section 25 ...	46	(43)	5	(2)	–	(–)	51	(45)
Section 26 ...	9	(11)	6	(–)	–	(–)	15	(11)
Section 29 ...	86	(70)	75	(83)	2	(2)	163	(155)
Section 60 ...	–	(–)	1	(–)	–	(–)	1	(–)
Informal ...	231	(180)	215	(199)	33	(26)	479	(405)
TOTAL ...	372	(304)	302	(284)	35	(28)	709	(616)

(b) *Subnormal*

	Little Plumstead		Other Hospitals		Total			
Section 26 ...	–	(–)	–	(–)	–	(–)		
Section 60 ...	2	(–)	1	(1)	3	(1)		
Informal ...	20	(13)	2	(2)	22	(15)		
	22	(13)	3	(3)	25	(16)	25	(16)
GRAND TOTAL ...							734	(632)

Patients already in hospital dealt with under Section 26 ...	62	(48)
Social history reports prepared in respect of patients admitted to hospitals for the mentally ill	262	(272)

Subnormal persons admitted for temporary care

Regional Hospital Board establishments	Male		Female		Total	
For one day (dental treatment) ...	13	(7)	6	(5)	19	(12)
For longer periods	30	(26)	23	(15)	53	(41)
Private Homes	15	(13)	1	(2)	16	(15)
Total ...	58	(46)	30	(22)	88	(68)

Persons on waiting list for admission to hospital

(i) *Hospitals for the subnormal*

	Severely Subnormal				Subnormal				Total			
	M.		F.		M.		F.		M.		F.	
Very urgent ...	16	(24)	2	(1)	–	(3)	–	(–)	16	(27)	2	(1)
Urgent ...	25	(18)	7	(12)	7	(6)	1	(1)	32	(24)	8	(13)
Not urgent ...	17	(8)	9	(6)	3	(–)	–	(1)	20	(8)	9	(7)
TOTAL ...	58	(50)	18	(19)	10	(9)	1	(2)	68	(59)	19	(21)
Potential cases	14	(21)	10	(13)	2	(1)	7	(4)	16	(22)	17	(17)
GRAND TOTAL	72	(71)	28	(32)	12	(10)	8	(6)	84	(81)	36	(38)
	100	(103)			20	(16)			120	(119)		

(ii) *Mentally Ill*

(The Vale Hospital, Swainsthorpe)

Male	Female	Total
4 (1)	7 (8)	11 (9)

XIII. NATIONAL ASSISTANCE ACT, 1948

The Health Committee is responsible for the administration of welfare schemes under Sections 29 and 30 of this Act.

Welfare of the Blind

(*a*) **Registration**

172 persons were examined by ophthalmic surgeons during the year and 104 were certified as blind, 78 being over 70 years of age and a further 14 being over 60 years of age.

On register 1.1.64		917
New cases certified as blind ...	104	
Inward transfers	19	
	—	123
		1,040
Cases removed as no longer blind ...	4	
Outward transfers	17	
Deaths	97	
	—	118
		922

Cases on the register at the end of each of the last five years were:—

1960	928
1961	939
1962	937
1963	917
1964	922

74% of all cases on the register were 65 years of age and over, a slightly higher percentage than in the previous year. 92 were over 90 years of age.

(*b*) **Employment**

	Male	Female
Norwich Institution Workshops ...	19	4
Norwich Institution Workshops trainees	2	–
Home Workers	4	–
Other than sheltered employment ...	23	2
	48	6

Two men had been trained and were awaiting suitable vacancies in open industry. Full co-operation and consultation has been maintained with the Ministry of Labour regarding the placing of blind and partially sighted persons in employment and also for industrial rehabilitation in appropriate cases.

(*c*) **Home Teaching and Visiting**

One home teacher (Miss Hawke) left the county at the end of August and, pending the appointment of a trainee, her area was covered by the home teachers for the adjoining areas.

Visits by home teachers during the last 5 years have been as follows:—

	1960	1961	1962	1963	1964
Registration enquiries ...	221	228	233	192	207
Instruction in :					
Braille	204	106	64	26	98
Moon	25	84	54	55	23
Handicrafts ...	421	505	706	781	864
Welfare visits ...	6,255	8,467	8,830	8,790	8,868
Other visits	1,126	1,428	1,821	1,994	1,899
	8,252	10,818	11,708	11,838	11,959

The five social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich, continued their monthly meetings and grateful acknowledgment is made to the many voluntary helpers who provide transport and entertainment for the members and give valuable assistance to the home teachers. The handicraft classes at Cromer, Dereham, Downham Market and King's Lynn, continued to meet fortnightly, and a new class was started at Thetford in July.

The annual Blind Show of horticultural and domestic produce and handicrafts was again organised jointly with the Norwich Walfare Authority at St. Andrew's Hall, Norwich.

The usual holiday arrangements were made during May and 37 blind persons with guides, accompanied by three home teachers, spent an enjoyable week at Gt. Yarmouth. Financial assistance was given in necessitous cases.

The magazine for the Norfolk Blind, "The Closer Link," has continued its quarterly publication of over 600 copies, and its articles and competitions are very popular.

Wireless sets, including the latest VHF personal transistor receivers for the severely disabled, provided by the British Wireless for the Blind Fund, have been distributed and arrangements made for maintenance and repairs. Facilities are also available for talking book machines to be hired from the Nuffield Talking Book Library for the Blind.

Welfare of the Partially Sighted

Cases on the register at the end of each of the last 5 years were as follows:—

1960	299
1961	268
1962	279
1963	284
1964	286

These cases are visited by the home teachers as individual circumstances require. One partially sighted man is employed in a sheltered workshop for the blind.

Welfare of the Deaf, Dumb and Hard of Hearing

The number of cases on the register at the end of 1964 was 450, 4 more than the previous year (1963 figures in brackets):—

		Children under 16	Persons aged 16-64 years	Persons aged 65 and over	Totals
Deaf without speech ...	M.	6 (5)	32 (28)	13 (16)	99 (100)
	F.	2 (2)	38 (36)	8 (13)	
Deaf with speech ...	M.	6 (5)	39 (35)	19 (12)	129 (104)
	F.	5 (4)	45 (37)	15 (11)	
Hard of hearing ...	M.	38 (35)	49 (39)	19 (30)	222 (242)
	F.	28 (36)	50 (55)	38 (47)	
		85 (87)	253(230)	112(129)	450 (446)

Welfare services are provided by the Deaf and Dumb (Norfolk and Norwich) Association, which also provides social facilities for the deaf and hard of hearing at its Headquarters in Norwich. A grant is paid by the Council on a common basis with the Norwich and Gt. Yarmouth Authorities. The fully qualified Missioner, together with his female assistant, also organise regular social meetings at Gt. Yarmouth and King's Lynn and devote much of their time to domestic and religious matters and problems of employment.

Welfare of the Physically Handicapped—General Classes

The number on the register at the end of 1964 was 938 compared with 867 in 1963. Details are as follows (1963 figures in brackets):—

Age Group	Male	Female	Total
Under 16	2 (2)	— (—)	2 (2)
16–64 years ...	375 (356)	267 (252)	642 (608)
65 years and over ...	170 (150)	124 (107)	294 (257)
	547 (508)	391 (359)	938 (867)

161 persons on the register were capable of ordinary employment and a further 75 worked under sheltered conditions.

In the case of those not capable of or not available for employment, handicraft training can be provided at home either through the Norfolk branch of the British Red Cross Society or the Norfolk Association for the Care of the Handicapped. Each voluntary association covers half the county and grants are paid by the County Council for this service. The Education Committee is also prepared to provide handicraft instruction at suitable centres.

Social facilities and handicraft instruction are also provided by the British Red Cross Society Clubs at Aylsham, Dereham, Downham, Fakenham, Hunstanton and Sheringham, and the St. Raphael Clubs at King's Lynn, Swaffham, Thetford, Norwich and Gt. Yarmouth.

The Federation of St. Raphael Clubs and the Norfolk Association again arranged for parties of physically handicapped persons to attend holiday camps at Caister and Gorleston respectively, and the Council gave financial assistance towards payment of the camp fees in necessitous cases.

Arrangements continued to be made for the provision on loan of special equipment purchased by the Council and also through the British Red Cross Society, such as hydraulic hoists, beds, mattresses, walking aids, wheelchairs, etc. An extension to this scheme was introduced to supply various domestic gadgets, tap turners, tongs, utensil holders and the like, in addition to adjustable walking sticks and crutches, to patients from the Rheumatology Unit at St. Michael's Hospital, Aylsham, who, by this provision are able to return to their homes with greater confidence.

The Council has also provided financial assistance for adaptations to premises occupied by handicapped persons, such as concrete paths and ramps for the easier access of invalid chairs and vehicles, handrails to bathrooms, W.Cs. and stairways, etc.

112 disabled drivers have been issued with car badges to assist with parking.

XIV. INFECTIOUS AND OTHER DISEASES

On Table 4 are details of the notifications of infectious diseases received during the year and their distribution throughout the county districts. The general incidence is within the pattern of recent years and this means that poliomyelitis and diphtheria are again conspicuous by their continued absence.

Disease	Number of cases notified																												Totals
	Municipal Boroughs		Urban districts										Rural districts																
	King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Avlsham	Smallburgh	Swaffham	Walsingham	Wayland		
Scarlet fever	9	9	—	4	8	—	—	1	—	2	—	—	17	6	—	4	5	12	2	12	2	24	24	4	2	—	2	149	
Whooping cough	36	2	10	16	4	2	—	1	—	—	—	—	40	18	13	2	11	18	2	1	7	24	23	34	6	19	31	320	
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	130	20	2	44	63	12	39	115	6	1	1	37	159	236	19	182	120	165	44	79	34	103	245	129	101	98	44	2228	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Acute pneumonia	6	—	1	—	—	4	—	—	—	—	—	1	20	5	1	8	2	20	3	10	1	—	1	3	1	2	12	101	
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	9	1	—	1	4	3	4	—	—	—	—	24	
Acute encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	2	
Paratyphoid fever	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	—	—	—	—	—	—	—	—	—	8	
Erysipelas	—	—	—	1	—	—	—	—	—	—	—	—	4	1	—	1	—	5	—	1	1	—	2	2	—	—	3	21	
Meningococcal infection	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Food poisoning	—	—	1	1	1	1	—	—	—	—	—	—	13	—	—	1	—	3	2	4	2	1	10	1	—	—	—	41	
Puerperal pyrexia	1	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	1	—	1	—	—	—	—	—	—	—	6	
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	2	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Jaundice or infective hepatitis	6	—	2	—	—	—	1	—	—	—	—	—	6	2	8	1	1	3	—	1	—	—	4	5	—	—	—	40	
Chickenpox	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	
Totals	191	31	18	67	76	19	40	118	6	3	1	38	263	268	41	204	148	230	53	110	51	156	313	178	110	119	93	2945	

Whooping cough appears to have been more common than for the past two years but the illness remains mild in many areas due in part to the effectiveness of the protective vaccine.

Measles was in its biennial decline at 2,228 cases compared with 5,317 notifications in 1963 and there were no deaths.

There were 149 cases of scarlet fever in 1964 compared with 256 cases in the previous year.

Dysentery cases show a considerable reduction, only 24 cases being notified compared with 177 in 1963, but these figures may not necessarily reflect the true incidence of the disease.

XV. ENVIRONMENTAL HYGIENE

Water Supplies and Sewerage

The County Public Health Engineer reports as follows:—

Water Supplies

The development and extension of rural water supplies throughout the county continued during the year and contributions were allocated by the County Council to District Councils for the following schemes:—

District Council	Scheme	Estimated Capital Cost £
Blofield and Flegg ...	S.W. Sector Stage III (revision)	65,302
	Plumstead and Postwick (revision)	20,966
Depwade	Harleston Supplementary Water Mains	5,650
	Long Stratton, Tharston and Hempnall	8,940
	Pulham—Long Stratton ...	10,860
	New Water Tower—Harleston ...	38,106
Mitford and Launditch ...	Weasenham, Fransham and Lyng (revision)	13,073
	Hardingham (revision) ...	4,039
Smallburgh	Barton Turf (revision) ...	10,212
	Tunstead (Mill Lane) ...	1,965
	Area "A" Water Supply ...	255,898
Diss	Water Supply Improvements ...	52,636

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:—

District Council	Scheme
Depwade	Rushall Headworks
Docking	Creake Common Extension
	Bircham Newton
Loddon	Chedgrave—Thurton
Mitford and Launditch ...	North-Eastern Parishes
	Sparham
	Southern Parishes
St. Faith's and Aylsham	Norwich Statutory Area — Extensions at Belaugh and Coltishall
Swaffham Rural ...	Holme Hale
Walsingham	Melton Constable
Wayland	Development of Additional Water Supply at Carbrooke
North Walsham ...	Proposed Ring Main Stage II

A local inquiry and investigation into, and inspection of, the following scheme was held by a Ministry of Housing and Local Government Inspector during the year :—

District Council	Scheme
Mitford and Launditch ...	Central Parishes

Sewerage and Sewage Disposal

During the year, the County Council allocated contributions to District Councils for the following schemes:—

District Council	Scheme	Estimated Capital Cost £
Depwade	Long Stratton (Star Lane) ...	470
	Bunwell (The Hill area) ...	9,200
Freebridge Lynn ...	West Winch	122,921
Loddon	Ellingham and Kirby Cane ...	59,050
	Gillingham	56,000
	Langley School	1,018
	Norton Subcourse and Thurlton	51,713
Mitford and Launditch ...	Litcham	50,800
	Shipdham	107,250
Swaffham Rural ...	Beachamwell	14,950
	Saham Toney Extensions ...	52,600
Walsingham	Wighton	23,212
North Walsham ...	Extension of Sewer — Cromer Road	460
	Extension of Sewage Disposal Works	38,394
Sheringham	Sea Outfall (revision) ...	57,425
	Sea Outfall—Installation of Comminutor and Connecting Sewers	16,179

New schemes, extensions and revised schemes examined by the Water Supplies and Sewerage Sub-Committee during the year were:—

District Council	Scheme
Depwade	Ashwellthorpe and Fundenhall
	Brockdish
	Bunwell (The Hill area)
	Pulham Market and Pulham St. Mary
	Denton, Wortwell and Harleston
Docking	Dersingham, Snettisham and Ingoldisthorpe
Erpingham	Beeston Regis Extension
	Kelling
	Southrepps
	Corpusty
Forehoe and Henstead ...	Poringland
	Stoke Holy Cross
Freebridge Lynn ...	Gayton and Grimston
Loddon	Norton Subcourse and Thurlton
Mitford and Launditch ...	Litcham
	Shipdham
St. Faith's and Aylsham	Drayton and Taverham

District Council	Scheme
Smallburgh	Stalham and District
	Hoveton
Swaffham Rural ...	Hilborough
	Oxborough
	Saham Toney
Walsingham	Great Ryburgh
	Melton Constable and Briston
	Wighton
Wayland	Attleborough Sewage Disposal Works—Trial Bores
	Watton Sewage Disposal Works
	East Harling
Cromer	Sewerage Extension
Hunstanton	Sewerage
North Walsham ...	Sewerage Extension—Cromer Road
Swaffham Urban ...	Sewage Disposal
Thetford	Town Development Scheme

Local inquiries and investigations into, and inspections of, the following schemes were held by Ministry of Housing and Local Government Inspectors during the year. In most cases, the County Public Health Engineer either attended or was represented and, where necessary, evidence was given in support of the schemes :—

District Council	Scheme
Blofield and Flegg ...	Coastal Parishes Drainage
	South Walsham
Depwade	Wortwell
	Trunch Hill Area, Denton
Docking	Dersingham, Snettisham and Ingoldisthorpe
Downham	Denver and Hilgay
Forehoe and Henstead ...	Saxlingham, Newton Flotman and Flordon
Freebridge Lynn ...	North and South Wootton
Marshland	Clenchwarton and Terrington
Swaffham Rural and Wayland	Watton and Saham—Enlargement of S.D. Works
Walsingham	Melton Constable and Briston

Milk and Dairies

Specified Area Supervision

Applications from 104 persons resulted in 97 dealers' licences being issued during the year following the necessary visits to ascertain that the arrangements for the handing, storage and distribution of milk were satisfactory. Where necessary, adequate co-operation was maintained with the registering authorities. Thirty-nine dealers' licences were surrendered and three were transferred to new premises. At the end of the year, 558 dealers were operating under licences issued by the County Council.

The following table relates to the examination of samples taken by the county public health staff from retail rounds over the whole of the administrative county but do not include those taken direct from pasteurising plants. In the submission of the samples, regard is had to all aspects of handling of the milk by the licensed dealers. These are required to be registered as dairymen by the local authorities and, where necessary, their premises registered as dairies. For these reasons suitable liaison with the local authorities' inspectors has been maintained.

The figures show an improvement over those of last year in that 1,686 examinations were made as against 1,370 and the percentage of failures dropped from 1.25% to 0.65%.

Void samples were those for which no examination was carried out because of the shade temperatures exceeding 70°F. during the period of storage of the samples at the laboratory.

Test	No. of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue (Raw milk)	198	161	4	33
Methylene Blue (Pasteurised milk) ...	697	570	6	121
Phosphatase (Pasteurised milk) ...	706	706	–	–
Turbidity (Sterilised milk) ...	85	85	–	–
Totals ...	1,686	1,522	10	154

As from the 1st October, and under the Milk (Special Designation) Regulations, 1963, the designation "Untreated" replaced "Tuberculin Tested" as the special designation for raw milk. Suitable steps were taken to secure the amendment of licences and correct wording on bottle caps and containers. The Regulations permitted the use of the words "Tuberculin Tested" until the end of the year to enable stocks of caps and bottles bearing them to be used up.

Pasteurising Plants

At the end of the year, four plants were licensed by the County Council to pasteurise milk, one, which employed the "Holder" process, having been discontinued during the year.

77 routine visits were made to ensure the adequacy of the cleansing and sterilisation of milk processing and other equipment, the efficiency of plant thermometers and the satisfactory condition of the premises and the persons employed therein. Additional visits were made as necessary to ascertain the cause(s) of sample failures.

Five complaints of milk having been put into bottles which were not cleansed in accordance with the Milk and Dairies (General) Regulations, 1959, were investigated and dealt with informally. Two other complaints in respect of churns were similarly dealt with.

The results of the examination of samples submitted direct from the plants are shown in the following table. These compare favourably with the previous year when, of a total of 852 examinations, 19 proved unsatisfactory including 9 failures of raw milk.

Test	No of Examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ...	430	339	12	79
Phosphatase	429	428	1	–
	859	767	13	79

Milk in Schools Scheme

This work has been reported separately in my report as Principal School Medical Officer.

Brucella Abortus

During the year efforts were made to ensure the quarterly sampling of those herds from which milk was retailed raw and of which there are approximately eighty in the administrative county. Bulk samples from these and from incoming supplies at milk depots totalled 650 and all were submitted to direct culture and biological examinations at the Norwich Public Health Laboratory.

Two additional herds came under review as a result of requests from District Medical Officers of Health.

19 bulk samples (2.92%) proved positive to Brucella Abortus and 601 cows were sampled individually by the department. On direct culture and biological examinations, 83 cows (13.64%) were found to be excreting the organism. Investigations continued over from 1963 resulted in the submission of 52 individual cow samples, of which three were positive.

One feature of the results was the increasing number of herds in which more than one cow was found to be positive. In fact, in one case where investigations continued throughout the major part of the year, 36 positive cows were traced from a total of 84 in the herd. In another, 18 cows were positive from a herd of 58 and in 8 other cases the percentage of positive animals varied from 6% to 25%.

It is again my pleasure to record the considerable help received from the Medical Director of the Public Health Laboratory and the excellent co-operation received from the producers in these investigations.

The District Medical Officers of Health were kept fully informed and restriction notices as necessary were served by them under the Milk and Dairies (General) Regulations, 1959.

Tuberculosis in Milk

It is interesting to record that biological examination of samples automatically includes examination for tuberculosis. In two cases during the year reports were received that tuberculosis organisms were found in bulk samples and in each case full investigations were carried out by the Divisional Veterinary Officer to trace the source of infection. In one case it was found that the organism was of an avian type and in the other, possibly because of the "flying" nature of the herd, no offending animal was identified.

Antibiotics in Milk

Towards the end of the year arrangements were concluded with the Public Health Laboratory at Ipswich for the submission of samples of milk for examination for the presence of antibiotics.

Samples will be taken during routine sampling for other purposes and the work will meet the requirements contained in the report prepared by the Milk and Milk Products Technical Advisory Committee of the Ministry of Agriculture, Fisheries and Food. The report made clear that the presence of antibiotics in milk could adversely affect the health of individuals in the following ways :—

(a) The consumption of small quantities of antibiotics in milk might result in some people becoming sensitised, rendering them subject to severe reaction if therapeutic doses of these drugs were required later;

(b) A few people already highly reactive to penicillin might suffer an allergic reaction, particularly a skin rash;

(c) As a result of treatment with penicillin, strains of penicillin-resistant staphylococci that cause bovine mastitis were alleged to be increasingly common and there remains the danger that any illness such organisms might cause in man would not respond to treatment with penicillin.

The report further records that 14% of the total milk sampled in England and Wales contained antibiotics.

Whilst the report makes the point that legal proceedings under the Food and Drugs Act must be supported by a certificate from a public analyst, it is felt that cases necessitating this type of action may be extremely rare and that the emphasis needs to be placed on the education of farmers in the use of antibiotics and the withholding of the milk for a suitable period from animals so treated,

Food Inspections

In addition to the work carried out at schools and recorded in my report as Principal School Medical Officer, 58 visits were made to County homes and hostels and children's homes.

Ice Cream

197 samples of ice cream were submitted by district public health inspectors for examination during the year. Of these, 181 were classified in Grade I and 16 in Grade II.

The majority of these samples were submitted from the large national manufacturers.

Clean Milk Bottle Campaign

With further financial support from local authorities and from dairymen, the campaign, originated by the County Council, continued throughout East Anglia. Approaches to the general public were made through television publicity and posters and special approaches were made to schools and building site operators. Unfortunately, it is virtually impossible to estimate statistically the effect of the Campaign Committee's work but all the main dairies were of the continued opinion that bottles were being returned in an improved condition.

Refuse Disposal

17 applications were received from 12 local authorities for the use of land for refuse disposal. With the exception of 2, which were extensions of existing refuse tips, all were in respect of new sites. Each was visited in company with the respective public health inspector, the proposed method of tipping discussed, and agreed conditions of use were subsequently imposed with the planning consent.

In two cases objections were made by this department and the applications were withdrawn, and, in another, recommendations were made severely restricting the area of land originally proposed to be used.

In all but one case the agreed conditions followed closely the Ministry of Health's standards for controlled tipping and the local authorities are becoming increasingly aware that these can only be attained by adequate labour and the employment of mechnical aids at the tips. In some cases one of the most difficult factors is the acquisition of suitable amounts of soil or other covering material without which, and despite all other precautions, it is difficult to control the breeding of flies.

Housing and Sanitary Complaints

The following gives the number of complaints received and investigated, the majority relating to housing matters:—

Housing		
Overcrowding	5	
Persons in ill-health requiring accommodation ...	2	
Old, handicapped or registered blind persons requiring ground floor accommodation	4	
Insanitary premises	5	
	—	16
Drainage		4
Nuisances generally		11
		—
Total ...		31
		—

New Housing

The following table shows the number of new permanent dwellings completed in the post-war period and during the current year, and is taken from the quarterly Housing Returns of the Ministry of Housing and Local Government:—

Total permanent dwellings completed in 1964 and total completed to date in the post-war period (i.e., from 1st April, 1945) for the Administrative County of Norfolk.

Local Authority Area	Local Authorities		Private Owners		Totals	
	During 1964	Total to 31/12/64	During 1964	Total to 31/12/64	During 1964	To 31/12/64
MUNICIPAL BOROUGHS—						
King's Lynn	146	2,249	77	794	223	3,043
Thetford	158	1,139	59	283	217	1,422
URBAN DISTRICTS—						
Cromer	—	160	41	220	41	380
Diss	16	340	23	160	39	500
Downham Market ...	36	204	72	161	108	365
East Dereham	28	508	131	645	159	1,153
Hunstanton	12	173	12	293	24	466
North Walsham	3	348	42	314	45	662
Sheringham	—	133	15	155	15	288
Swaffham	10	279	42	183	52	462
Wells-next-the-Sea ...	17	183	9	52	26	235
Wymondham	16	385	68	331	84	716
RURAL DISTRICTS—						
Blofield and Flegg ...	26	882	464	3,482	490	4,364
Depwade	—	864	137	699	137	1,563
Docking	—	539	85	638	85	1,177
Downham	14	924	122	761	136	1,685
Erpingham	—	608	107	665	107	1,273
Forehoe and Henstead ...	54	993	312	2,533	366	3,526
Freebridge Lynn ...	16	588	124	876	140	1,464
Loddon	20	590	119	580	139	1,170
Marshland	51	704	102	938	153	1,642
Mitford and Launditch ..	18	705	51	454	69	1,159
St. Faith's and Aylsham ...	31	1,305	410	5,739	441	7,044
Smallburgh	7	639	127	802	134	1,441
Swaffham	10	784	73	501	83	1,285
Walsingham	—	790	67	475	67	1,265
Wayland	—	693	89	650	89	1,343
TOTALS ...	689	17,709	2,980	23,384	3,669	41,093

XVI. MISCELLANEOUS

Registration of Nursing Homes

	Number of Homes	Number of beds provided		
		Maternity	Other	Totals
Homes first registered during year	2	—	17	17
Homes whose registrations were withdrawn during year	1	5	4	9
Homes on the register at end of year	23	12	391	403
Homes exempt from registration at end of year ...	—	—	—	—

All the homes are visited at regular intervals by the headquarters medical and nursing staff.

There is no delegation of powers and duties to county district councils.

Laboratory Examinations

The Norwich Public Health Laboratory continued to provide facilities for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases and for those sent by the County Council's medical staff in connection with the prevention and control of infectious diseases and the examination of staff for superannuation and other purposes.

The following samples were submitted by the department's staff and by the public health inspectors of the county district councils:—

Samples submitted by County Council staff

Water (bacteriological examination)	60
Milk (bulk samples for biological examination) ...	650
Milk (individual cow samples for brucella abortus examination)	653
Milk (methylene blue examination)	1,683
Milk (phosphatase examination)	1,493
Milk (turbidity examination)	85

Samples Submitted by District Public Health Inspectors

Ice Cream (methylene blue examination) ...	197
Water (bacteriological examination)	1,853

Other samples, which were submitted by County Council staff, were examined by the Public Analyst as follows:—

Water (nitrate estimation)	88
Effluents	53
Other examinations	5

Medical Examinations

The following examinations were carried out by the medical staff of the Health Department:—

Superannuation purposes	467
Candidates for entry to the Norfolk Fire Service	38
Candidates for teachers' training colleges and entrants to the teaching profession	268
School canteen workers (non-superannuable) ...	158
School road crossing patrols (non-superannuable)	34
Allocation/commutation of part pensions ...	9
Fire Service pensioners	3
	977

The Department was consulted on medical aspects of 15 County Council employees who were no longer capable of discharging their duties and 63 cases of prolonged absences of staff through sickness.

16 applicants for driving licences, whose fitness was in doubt, were referred by the Local Taxation Officer for advice.

An additional 29 medical examinations were undertaken on behalf of other authorities.